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ARTICLE 10

BEHAVIORAL HEALTH

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ARTICLE 4

BEHAVIORAL HEALTH

Section 1. Minnesota Statutes 2020, section 13.46, subdivision 7, is amended to read:

Subd. 7. Mental health data. (a) Mental health data are private data on individuals and shall not be disclosed, except:

(1) pursuant to section 13.05, as determined by the responsible authority for the community mental health center, mental health division, or provider;

(2) pursuant to court order;

(3) pursuant to a statute specifically authorizing access to or disclosure of mental health data or as otherwise provided by this subdivision;

(4) to personnel of the welfare system working in the same program or providing services to the same individual or family to the extent necessary to coordinate services, provided that a health record may be disclosed only as provided under section 144.293;

(5) to a health care provider governed by sections 144.291 to 144.298, to the extent necessary to coordinate services; or

(6) with the consent of the client or patient.

(b) An agency of the welfare system may not require an individual to consent to the release of mental health data as a condition for receiving services or for reimbursing a community mental health center, mental health division of a county, or provider under contract to deliver mental health services.

(c) Notwithstanding section 245.69, subdivision 2, paragraph (f), or any other law to the contrary, the responsible authority for a community mental health center, mental health division of a county, or a mental health provider must disclose mental health data to a law enforcement agency if the law enforcement agency provides the name of a client or patient and communicates that the:

(1) client or patient is currently involved in an emergency interaction with a mental health crisis as defined in section 256B.0624, subdivision 2, paragraph (j), to which the law enforcement agency has responded; and

(2) data is necessary to protect the health or safety of the client or patient or of another person.

The scope of disclosure under this paragraph is limited to the minimum necessary for law enforcement to safely respond to the emergency mental health crisis. Disclosure under this paragraph may include, but is not limited to, the name and telephone number of the psychiatrist, psychologist, therapist, mental health professional, practitioner, or case manager of the client or patient, if known; and strategies to address the mental health crisis. A law

House Language UES4410-2	Behavioral Health	May 06, 2022 02:27 PM	Senate Language S4410-3
			<div>102.4 enforcement agency that obtains mental health data under this paragraph shall maintain a</div> <div>102.5 record of the requestor, the provider of the information data, and the client or patient name.</div> <div>102.6 Mental health data obtained by a law enforcement agency under this paragraph are private</div> <div>102.7 data on individuals and must not be used by the law enforcement agency for any other</div> <div>102.8 purpose. A law enforcement agency that obtains mental health data under this paragraph</div> <div>102.9 shall inform the subject of the data that mental health data was obtained.</div> <div>102.10 (d) In the event of a request under paragraph (a), clause (6), a community mental health</div> <div>102.11 center, county mental health division, or provider must release mental health data to Criminal</div> <div>102.12 Mental Health Court personnel in advance of receiving a copy of a consent if the Criminal</div> <div>102.13 Mental Health Court personnel communicate that the:</div> <div>102.14 (1) client or patient is a defendant in a criminal case pending in the district court;</div> <div>102.15 (2) data being requested is limited to information that is necessary to assess whether the</div> <div>102.16 defendant is eligible for participation in the Criminal Mental Health Court; and</div> <div>102.17 (3) client or patient has consented to the release of the mental health data and a copy of</div> <div>102.18 the consent will be provided to the community mental health center, county mental health</div> <div>102.19 division, or provider within 72 hours of the release of the data.</div> <div>102.20 For purposes of this paragraph, "Criminal Mental Health Court" refers to a specialty</div> <div>102.21 criminal calendar of the Hennepin County District Court for defendants with mental illness</div> <div>102.22 and brain injury where a primary goal of the calendar is to assess the treatment needs of the</div> <div>102.23 defendants and to incorporate those treatment needs into voluntary case disposition plans.</div> <div>102.24 The data released pursuant to this paragraph may be used for the sole purpose of determining</div> <div>102.25 whether the person is eligible for participation in mental health court. This paragraph does</div> <div>102.26 not in any way limit or otherwise extend the rights of the court to obtain the release of mental</div> <div>102.27 health data pursuant to court order or any other means allowed by law.</div> <div>102.28 Sec. 2. Minnesota Statutes 2020, section 62N.25, subdivision 5, is amended to read:</div> <div>102.29 Subd. 5. Benefits. Community integrated service networks must offer the health</div> <div>102.30 maintenance organization benefit set, as defined in chapter 62D, and other laws applicable</div> <div>102.31 to entities regulated under chapter 62D. Community networks and chemical dependency</div> <div>102.32 facilities under contract with a community network shall use the assessment criteria in</div> <div>103.1 Minnesota Rules, parts 9530.6600 to 9530.6655, section 245G.05 when assessing enrollees</div> <div>103.2 for chemical dependency treatment.</div> <div>103.3 EFFECTIVE DATE. This section is effective July 1, 2022.</div> <div>103.4 Sec. 3. Minnesota Statutes 2020, section 62Q.1055, is amended to read:</div> <div>103.5 62Q.1055 CHEMICAL DEPENDENCY.</div> <div>103.6 All health plan companies shall use the assessment criteria in Minnesota Rules, parts</div> <div>103.7 9530.6600 to 9530.6655, section 245G.05 when assessing and placing treating enrollees</div> <div>103.8 for chemical dependency treatment.</div>
<div>n 62N.25, subdivision 5, is amended to read:</div> <div>d service networks must offer the health</div> <div>ed in chapter 62D, and other laws applicable</div> <div>munity networks and chemical dependency</div> <div>twork shall use the assessment criteria in</div> <div>55, section 245G.05 when assessing enrollees</div>			
<div>ffective July 1, 2022.</div> <div>2Q.1055, is amended to read:</div> <div>Y.</div> <div>assessment criteria in Minnesota Rules, parts</div> <div>en assessing and placing treating enrollees</div>			

474.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

474.26 Sec. 3. Minnesota Statutes 2020, section 62Q.47, is amended to read:

474.27 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
474.28 **SERVICES.**

474.29 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
474.30 mental health, or chemical dependency services, must comply with the requirements of this
474.31 section.

475.1 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
475.2 health and outpatient chemical dependency and alcoholism services, except for persons
475.3 ~~placed in seeking~~ chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
475.4 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
475.5 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
475.6 services.

475.7 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
475.8 mental health and inpatient hospital and residential chemical dependency and alcoholism
475.9 services, except for persons ~~placed in seeking~~ chemical dependency services under ~~Minnesota~~
475.10 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
475.11 burden on the insured or enrollee, or be more restrictive than those requirements and
475.12 limitations for inpatient hospital medical services.

475.13 (d) A health plan company must not impose an NQTL with respect to mental health and
475.14 substance use disorders in any classification of benefits unless, under the terms of the health
475.15 plan as written and in operation, any processes, strategies, evidentiary standards, or other
475.16 factors used in applying the NQTL to mental health and substance use disorders in the
475.17 classification are comparable to, and are applied no more stringently than, the processes,
475.18 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
475.19 to medical and surgical benefits in the same classification.

475.20 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
475.21 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
475.22 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
475.23 guidance or regulations issued under, those acts.

475.24 (f) The commissioner may require information from health plan companies to confirm
475.25 that mental health parity is being implemented by the health plan company. Information
475.26 required may include comparisons between mental health and substance use disorder
475.27 treatment and other medical conditions, including a comparison of prior authorization
475.28 requirements, drug formulary design, claim denials, rehabilitation services, and other
475.29 information the commissioner deems appropriate.

475.30 (g) Regardless of the health care provider's professional license, if the service provided
475.31 is consistent with the provider's scope of practice and the health plan company's credentialing

103.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

103.10 Sec. 4. Minnesota Statutes 2020, section 62Q.47, is amended to read:

103.11 **62Q.47 ALCOHOLISM, MENTAL HEALTH, AND CHEMICAL DEPENDENCY**
103.12 **SERVICES.**

103.13 (a) All health plans, as defined in section 62Q.01, that provide coverage for alcoholism,
103.14 mental health, or chemical dependency services, must comply with the requirements of this
103.15 section.

103.16 (b) Cost-sharing requirements and benefit or service limitations for outpatient mental
103.17 health and outpatient chemical dependency and alcoholism services, except for persons
103.18 ~~placed in seeking~~ chemical dependency services under ~~Minnesota Rules, parts 9530.6600~~
103.19 ~~to 9530.6655~~ section 245G.05, must not place a greater financial burden on the insured or
103.20 enrollee, or be more restrictive than those requirements and limitations for outpatient medical
103.21 services.

103.22 (c) Cost-sharing requirements and benefit or service limitations for inpatient hospital
103.23 mental health and inpatient hospital and residential chemical dependency and alcoholism
103.24 services, except for persons ~~placed in seeking~~ chemical dependency services under ~~Minnesota~~
103.25 ~~Rules, parts 9530.6600 to 9530.6655~~ section 245G.05, must not place a greater financial
103.26 burden on the insured or enrollee, or be more restrictive than those requirements and
103.27 limitations for inpatient hospital medical services.

103.28 (d) A health plan company must not impose an NQTL with respect to mental health and
103.29 substance use disorders in any classification of benefits unless, under the terms of the health
103.30 plan as written and in operation, any processes, strategies, evidentiary standards, or other
103.31 factors used in applying the NQTL to mental health and substance use disorders in the
103.32 classification are comparable to, and are applied no more stringently than, the processes,
104.1 strategies, evidentiary standards, or other factors used in applying the NQTL with respect
104.2 to medical and surgical benefits in the same classification.

104.3 (e) All health plans must meet the requirements of the federal Mental Health Parity Act
104.4 of 1996, Public Law 104-204; Paul Wellstone and Pete Domenici Mental Health Parity and
104.5 Addiction Equity Act of 2008; the Affordable Care Act; and any amendments to, and federal
104.6 guidance or regulations issued under, those acts.

104.7 (f) The commissioner may require information from health plan companies to confirm
104.8 that mental health parity is being implemented by the health plan company. Information
104.9 required may include comparisons between mental health and substance use disorder
104.10 treatment and other medical conditions, including a comparison of prior authorization
104.11 requirements, drug formulary design, claim denials, rehabilitation services, and other
104.12 information the commissioner deems appropriate.

104.13 (g) Regardless of the health care provider's professional license, if the service provided
104.14 is consistent with the provider's scope of practice and the health plan company's credentialing

475.32 and contracting provisions, mental health therapy visits and medication maintenance visits
 475.33 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
 475.34 requirements imposed under the enrollee's health plan.

476.1 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
 476.2 consultation with the commissioner of health, shall submit a report on compliance and
 476.3 oversight to the chairs and ranking minority members of the legislative committees with
 476.4 jurisdiction over health and commerce. The report must:

476.5 (1) describe the commissioner's process for reviewing health plan company compliance
 476.6 with United States Code, title 42, section 18031(j), any federal regulations or guidance
 476.7 relating to compliance and oversight, and compliance with this section and section 62Q.53;

476.8 (2) identify any enforcement actions taken by either commissioner during the preceding
 476.9 12-month period regarding compliance with parity for mental health and substance use
 476.10 disorders benefits under state and federal law, summarizing the results of any market conduct
 476.11 examinations. The summary must include: (i) the number of formal enforcement actions
 476.12 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
 476.13 subject matter of each enforcement action, including quantitative and nonquantitative
 476.14 treatment limitations;

476.15 (3) detail any corrective action taken by either commissioner to ensure health plan
 476.16 company compliance with this section, section 62Q.53, and United States Code, title 42,
 476.17 section 18031(j); and

476.18 (4) describe the information provided by either commissioner to the public about
 476.19 alcoholism, mental health, or chemical dependency parity protections under state and federal
 476.20 law.

476.21 The report must be written in nontechnical, readily understandable language and must be
 476.22 made available to the public by, among other means as the commissioners find appropriate,
 476.23 posting the report on department websites. Individually identifiable information must be
 476.24 excluded from the report, consistent with state and federal privacy protections.

476.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

104.15 and contracting provisions, mental health therapy visits and medication maintenance visits
 104.16 shall be considered primary care visits for the purpose of applying any enrollee cost-sharing
 104.17 requirements imposed under the enrollee's health plan.

104.18 (h) By June 1 of each year, beginning June 1, 2021, the commissioner of commerce, in
 104.19 consultation with the commissioner of health, shall submit a report on compliance and
 104.20 oversight to the chairs and ranking minority members of the legislative committees with
 104.21 jurisdiction over health and commerce. The report must:

104.22 (1) describe the commissioner's process for reviewing health plan company compliance
 104.23 with United States Code, title 42, section 18031(j), any federal regulations or guidance
 104.24 relating to compliance and oversight, and compliance with this section and section 62Q.53;

104.25 (2) identify any enforcement actions taken by either commissioner during the preceding
 104.26 12-month period regarding compliance with parity for mental health and substance use
 104.27 disorders benefits under state and federal law, summarizing the results of any market conduct
 104.28 examinations. The summary must include: (i) the number of formal enforcement actions
 104.29 taken; (ii) the benefit classifications examined in each enforcement action; and (iii) the
 104.30 subject matter of each enforcement action, including quantitative and nonquantitative
 104.31 treatment limitations;

104.32 (3) detail any corrective action taken by either commissioner to ensure health plan
 104.33 company compliance with this section, section 62Q.53, and United States Code, title 42,
 104.34 section 18031(j); and

105.1 (4) describe the information provided by either commissioner to the public about
 105.2 alcoholism, mental health, or chemical dependency parity protections under state and federal
 105.3 law.

105.4 The report must be written in nontechnical, readily understandable language and must be
 105.5 made available to the public by, among other means as the commissioners find appropriate,
 105.6 posting the report on department websites. Individually identifiable information must be
 105.7 excluded from the report, consistent with state and federal privacy protections.

105.8 **EFFECTIVE DATE.** This section is effective July 1, 2022.

105.9 Sec. 5. Minnesota Statutes 2020, section 144.294, subdivision 2, is amended to read:

105.10 Subd. 2. **Disclosure to law enforcement agency.** Notwithstanding section 144.293,
 105.11 subdivisions 2 and 4, a provider must disclose health records relating to a patient's mental
 105.12 health to a law enforcement agency if the law enforcement agency provides the name of
 105.13 the patient and communicates that the:

105.14 (1) patient is currently involved in an emergency interaction with a mental health crisis
 105.15 as defined in section 256B.0624, subdivision 2, paragraph (j), to which the law enforcement
 105.16 agency has responded; and

476.26 Sec. 4. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

476.27 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed

476.28 by the commissioner and shall contain an evaluation of the convicted defendant concerning

476.29 the defendant's prior traffic and criminal record, characteristics and history of alcohol and

476.30 chemical use problems, and amenability to rehabilitation through the alcohol safety program.

476.31 The report is classified as private data on individuals as defined in section 13.02, subdivision

476.32 12.

476.33 (b) The assessment report must include:

477.1 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

477.2 (2) an assessment of the severity level of the involvement;

477.3 (3) a recommended level of care for the offender in accordance with the criteria contained

477.4 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~

477.5 ~~3 (chemical dependency treatment rules) section 245G.05;~~

477.6 (4) an assessment of the offender's placement needs;

477.7 (5) recommendations for other appropriate remedial action or care, including aftercare

477.8 services in section 254B.01, subdivision 3, that may consist of educational programs,

477.9 one-on-one counseling, a program or type of treatment that addresses mental health concerns,

477.10 or a combination of them; and

477.11 (6) a specific explanation why no level of care or action was recommended, if applicable.

477.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

477.13 Sec. 5. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

477.14 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment

477.15 required by this section must be conducted by an assessor appointed by the court. The

105.17 (2) disclosure of the records is necessary to protect the health or safety of the patient or

105.18 of another person.

105.19 The scope of disclosure under this subdivision is limited to the minimum necessary for

105.20 law enforcement to safely respond to the ~~emergency~~ mental health crisis. The disclosure

105.21 may include the name and telephone number of the psychiatrist, psychologist, therapist,

105.22 mental health professional, practitioner, or case manager of the patient, if known; and

105.23 strategies to address the mental health crisis. A law enforcement agency that obtains health

105.24 records under this subdivision shall maintain a record of the requestor, the provider of the

105.25 information, and the patient's name. Health records obtained by a law enforcement agency

105.26 under this subdivision are private data on individuals as defined in section 13.02, subdivision

105.27 12, and must not be used by law enforcement for any other purpose. A law enforcement

105.28 agency that obtains health records under this subdivision shall inform the patient that health

105.29 records were obtained.

105.30 Sec. 6. Minnesota Statutes 2020, section 169A.70, subdivision 3, is amended to read:

105.31 Subd. 3. **Assessment report.** (a) The assessment report must be on a form prescribed

105.32 by the commissioner and shall contain an evaluation of the convicted defendant concerning

106.1 the defendant's prior traffic and criminal record, characteristics and history of alcohol and

106.2 chemical use problems, and amenability to rehabilitation through the alcohol safety program.

106.3 The report is classified as private data on individuals as defined in section 13.02, subdivision

106.4 12.

106.5 (b) The assessment report must include:

106.6 (1) a diagnosis of the nature of the offender's chemical and alcohol involvement;

106.7 (2) an assessment of the severity level of the involvement;

106.8 (3) a recommended level of care for the offender in accordance with the criteria contained

106.9 in ~~rules adopted by the commissioner of human services under section 254A.03, subdivision~~

106.10 ~~3 (chemical dependency treatment rules) section 245G.05;~~

106.11 (4) an assessment of the offender's placement needs;

106.12 (5) recommendations for other appropriate remedial action or care, including aftercare

106.13 services in section 254B.01, subdivision 3, that may consist of educational programs,

106.14 one-on-one counseling, a program or type of treatment that addresses mental health concerns,

106.15 or a combination of them; and

106.16 (6) a specific explanation why no level of care or action was recommended, if applicable.

106.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

106.18 Sec. 7. Minnesota Statutes 2020, section 169A.70, subdivision 4, is amended to read:

106.19 Subd. 4. **Assessor standards; rules; assessment time limits.** A chemical use assessment

106.20 required by this section must be conducted by an assessor appointed by the court. The

477.16 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
477.17 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~
477.18 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law
477.19 enforcement data), the assessor shall have access to any police reports, laboratory test results,
477.20 and other law enforcement data relating to the current offense or previous offenses that are
477.21 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~
477.22 ~~may not have any direct or shared financial interest or referral relationship resulting in~~
477.23 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~
477.24 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~
477.25 ~~an assessor authorized to perform assessments for the county social services agency under~~
477.26 ~~a variance granted under rules adopted by the commissioner of human services under section~~
477.27 ~~254A.03, subdivision 3. An appointment for the defendant to undergo the assessment must~~
477.28 be made by the court, a court services probation officer, or the court administrator as soon
477.29 as possible but in no case more than one week after the defendant's court appearance. The
477.30 assessment must be completed no later than three weeks after the defendant's court
477.31 appearance. If the assessment is not performed within this time limit, the county where the
477.32 defendant is to be sentenced shall perform the assessment. The county of financial
477.33 responsibility must be determined under chapter 256G.

478.1 EFFECTIVE DATE. This section is effective July 1, 2022.

478.2 Sec. 6. **[245.4866] CHILDREN'S MENTAL HEALTH COMMUNITY OF**
478.3 **PRACTICE.**

478.4 Subdivision 1. **Establishment; purpose.** The commissioner of human services, in
478.5 consultation with children's mental health subject matter experts, shall establish a children's
478.6 mental health community of practice. The purposes of the community of practice are to
478.7 improve treatment outcomes for children and adolescents with mental illness and reduce
478.8 disparities. The community of practice shall use evidence-based and best practices through
478.9 peer-to-peer and person-to-provider sharing.

478.10 Subd. 2. **Participants; meetings.** (a) The community of practice must include the
478.11 following participants:

478.12 (1) researchers or members of the academic community who are children's mental health
478.13 subject matter experts who do not have financial relationships with treatment providers;

478.14 (2) children's mental health treatment providers;

478.15 (3) a representative from a mental health advocacy organization;

478.16 (4) a representative from the Department of Human Services;

478.17 (5) a representative from the Department of Health;

478.18 (6) a representative from the Department of Education;

106.21 assessor must meet the training and qualification requirements of ~~rules adopted by the~~
106.22 ~~commissioner of human services under section 254A.03, subdivision 3 (chemical dependency~~
106.23 ~~treatment rules)~~ section 245G.11, subdivisions 1 and 5. Notwithstanding section 13.82 (law
106.24 enforcement data), the assessor shall have access to any police reports, laboratory test results,
106.25 and other law enforcement data relating to the current offense or previous offenses that are
106.26 necessary to complete the evaluation. ~~An assessor providing an assessment under this section~~
106.27 ~~may not have any direct or shared financial interest or referral relationship resulting in~~
106.28 ~~shared financial gain with a treatment provider, except as authorized under section 254A.19,~~
106.29 ~~subdivision 3. If an independent assessor is not available, the court may use the services of~~
106.30 ~~an assessor authorized to perform assessments for the county social services agency under~~
106.31 ~~a variance granted under rules adopted by the commissioner of human services under section~~
106.32 ~~254A.03, subdivision 3. An appointment for the defendant to undergo the assessment must~~
107.1 be made by the court, a court services probation officer, or the court administrator as soon
107.2 as possible but in no case more than one week after the defendant's court appearance. The
107.3 assessment must be completed no later than three weeks after the defendant's court
107.4 appearance. If the assessment is not performed within this time limit, the county where the
107.5 defendant is to be sentenced shall perform the assessment. The county of financial
107.6 responsibility must be determined under chapter 256G.

107.7 EFFECTIVE DATE. This section is effective July 1, 2022.

478.19 (7) representatives from county social services agencies;
478.20 (8) representatives from Tribal nations or Tribal social services providers; and
478.21 (9) representatives from managed care organizations.
478.22 (b) The community of practice must include, to the extent possible, individuals and
478.23 family members who have used mental health treatment services and must highlight the
478.24 voices and experiences of individuals who are Black, Indigenous, people of color, and
478.25 people from other communities that are disproportionately impacted by mental illness.
478.26 (c) The community of practice must meet regularly and must hold its first meeting before
478.27 January 1, 2023.
478.28 (d) Compensation and reimbursement for expenses for participants in paragraph (b) are
478.29 governed by section 15.059, subdivision 3.
478.30 Subd. 3. **Duties.** (a) The community of practice must:
479.1 (1) identify gaps in children's mental health treatment services;
479.2 (2) enhance collective knowledge of issues related to children's mental health;
479.3 (3) understand evidence-based practices, best practices, and promising approaches to
479.4 address children's mental health;
479.5 (4) use knowledge gathered through the community of practice to develop strategic plans
479.6 to improve outcomes for children who participate in mental health treatment and related
479.7 services in Minnesota;
479.8 (5) increase knowledge about the challenges and opportunities learned by implementing
479.9 strategies; and
479.10 (6) develop capacity for community advocacy.
479.11 (b) The commissioner, in collaboration with subject matter experts and other participants,
479.12 may issue reports and recommendations to the chairs and ranking minority members of the
479.13 legislative committees with jurisdiction over health and human services policy and finance
479.14 and to local and regional governments.
479.15 Sec. 7. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
479.16 to read:
479.17 Subd. 2a. **Assessment requirements.** (a) A residential treatment service provider must
479.18 complete a diagnostic assessment of a child within ten calendar days of the child's admission.
479.19 If a diagnostic assessment has been completed by a mental health professional within the
479.20 past 180 days, a new diagnostic assessment need not be completed unless in the opinion of
479.21 the current treating mental health professional the child's mental health status has changed
479.22 markedly since the assessment was completed.

479.23 (b) The service provider must complete the screenings required by Minnesota Rules,
479.24 part 2960.0070, subpart 5, within ten calendar days.

479.25 Sec. 8. Minnesota Statutes 2020, section 245.4882, is amended by adding a subdivision
479.26 to read:

479.27 Subd. 6. **Crisis admissions and stabilization.** (a) A child may be referred for residential
479.28 treatment services under this section for the purpose of crisis stabilization by:

479.29 (1) a mental health professional as defined in section 245I.04, subdivision 2;

479.30 (2) a physician licensed under chapter 147 who is assessing a child in an emergency
479.31 department; or

480.1 (3) a member of a mobile crisis team who meets the qualifications under section
480.2 256B.0624, subdivision 5.

480.3 (b) A provider making a referral under paragraph (a) must conduct an assessment of the
480.4 child's mental health needs and make a determination that the child is experiencing a mental
480.5 health crisis and is in need of residential treatment services under this section.

480.6 (c) A child may receive services under this subdivision for up to 30 days and must be
480.7 subject to the screening and admissions criteria and processes under section 245.4885
480.8 thereafter.

480.9 Sec. 9. Minnesota Statutes 2021 Supplement, section 245.4885, subdivision 1, is amended
480.10 to read:

480.11 Subdivision 1. **Admission criteria.** (a) Prior to admission or placement, except in the
480.12 case of an emergency, all children referred for treatment of severe emotional disturbance
480.13 in a treatment foster care setting, residential treatment facility, or informally admitted to a
480.14 regional treatment center shall undergo an assessment to determine the appropriate level of
480.15 care if county funds are used to pay for the child's services. An emergency includes when
480.16 a child is in need of and has been referred for crisis stabilization services under section
480.17 245.4882, subdivision 6. A child who has been referred to residential treatment for crisis
480.18 stabilization services in a residential treatment center is not required to undergo an assessment
480.19 under this section.

480.20 (b) The county board shall determine the appropriate level of care for a child when
480.21 county-controlled funds are used to pay for the child's residential treatment under this
480.22 chapter, including residential treatment provided in a qualified residential treatment program
480.23 as defined in section 260C.007, subdivision 26d. When a county board does not have
480.24 responsibility for a child's placement and the child is enrolled in a prepaid health program
480.25 under section 256B.69, the enrolled child's contracted health plan must determine the
480.26 appropriate level of care for the child. When Indian Health Services funds or funds of a
480.27 tribally owned facility funded under the Indian Self-Determination and Education Assistance
480.28 Act, Public Law 93-638, are used for the child, the Indian Health Services or 638 tribal
480.29 health facility must determine the appropriate level of care for the child. When more than

480.30 one entity bears responsibility for a child's coverage, the entities shall coordinate level of
480.31 care determination activities for the child to the extent possible.

480.32 (c) The child's level of care determination shall determine whether the proposed treatment:
480.33 (1) is necessary;
481.1 (2) is appropriate to the child's individual treatment needs;
481.2 (3) cannot be effectively provided in the child's home; and
481.3 (4) provides a length of stay as short as possible consistent with the individual child's
481.4 needs.

481.5 (d) When a level of care determination is conducted, the county board or other entity
481.6 may not determine that a screening of a child, referral, or admission to a residential treatment
481.7 facility is not appropriate solely because services were not first provided to the child in a
481.8 less restrictive setting and the child failed to make progress toward or meet treatment goals
481.9 in the less restrictive setting. The level of care determination must be based on a diagnostic
481.10 assessment of a child that evaluates the child's family, school, and community living
481.11 situations; and an assessment of the child's need for care out of the home using a validated
481.12 tool which assesses a child's functional status and assigns an appropriate level of care to the
481.13 child. The validated tool must be approved by the commissioner of human services and
481.14 may be the validated tool approved for the child's assessment under section 260C.704 if the
481.15 juvenile treatment screening team recommended placement of the child in a qualified
481.16 residential treatment program. If a diagnostic assessment has been completed by a mental
481.17 health professional within the past 180 days, a new diagnostic assessment need not be
481.18 completed unless in the opinion of the current treating mental health professional the child's
481.19 mental health status has changed markedly since the assessment was completed. The child's
481.20 parent shall be notified if an assessment will not be completed and of the reasons. A copy
481.21 of the notice shall be placed in the child's file. Recommendations developed as part of the
481.22 level of care determination process shall include specific community services needed by
481.23 the child and, if appropriate, the child's family, and shall indicate whether these services
481.24 are available and accessible to the child and the child's family. The child and the child's
481.25 family must be invited to any meeting where the level of care determination is discussed
481.26 and decisions regarding residential treatment are made. The child and the child's family
481.27 may invite other relatives, friends, or advocates to attend these meetings.

481.28 (e) During the level of care determination process, the child, child's family, or child's
481.29 legal representative, as appropriate, must be informed of the child's eligibility for case
481.30 management services and family community support services and that an individual family
481.31 community support plan is being developed by the case manager, if assigned.

481.32 (f) The level of care determination, placement decision, and recommendations for mental
481.33 health services must be documented in the child's record and made available to the child's
481.34 family, as appropriate.

482.1 Sec. 10. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended
482.2 to read:

482.3 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
482.4 make grants from available appropriations to assist:

482.5 (1) counties;

482.6 (2) Indian tribes;

482.7 (3) children's collaboratives under section 124D.23 or 245.493; ~~or~~

482.8 (4) mental health service providers; ~~or~~

482.9 (5) school districts and charter schools.

482.10 (b) The following services are eligible for grants under this section:

482.11 (1) services to children with emotional disturbances as defined in section 245.4871,
482.12 subdivision 15, and their families;

482.13 (2) transition services under section 245.4875, subdivision 8, for young adults under
482.14 age 21 and their families;

482.15 (3) respite care services for children with emotional disturbances or severe emotional
482.16 disturbances who are at risk of out-of-home placement or already in out-of-home placement
482.17 and at risk of change in placement or a higher level of care. Allowable activities and expenses
482.18 for respite care services are defined under subdivision 4. A child is not required to have
482.19 case management services to receive respite care services;

482.20 (4) children's mental health crisis services;

482.21 (5) mental health services for people from cultural and ethnic minorities, including
482.22 supervision of clinical trainees who are Black, indigenous, or people of color;

482.23 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

482.24 (7) services to promote and develop the capacity of providers to use evidence-based
482.25 practices in providing children's mental health services;

482.26 (8) school-linked mental health services under section 245.4901;

482.27 (9) building evidence-based mental health intervention capacity for children birth to age
482.28 five;

482.29 (10) suicide prevention and counseling services that use text messaging statewide;

482.30 (11) mental health first aid training;

107.8 Sec. 8. Minnesota Statutes 2021 Supplement, section 245.4889, subdivision 1, is amended
107.9 to read:

107.10 Subdivision 1. **Establishment and authority.** (a) The commissioner is authorized to
107.11 make grants from available appropriations to assist:

107.12 (1) counties;

107.13 (2) Indian tribes;

107.14 (3) children's collaboratives under section 124D.23 or 245.493; ~~or~~

107.15 (4) mental health service providers.

107.16 (b) The following services are eligible for grants under this section:

107.17 (1) services to children with emotional disturbances as defined in section 245.4871,
107.18 subdivision 15, and their families;

107.19 (2) transition services under section 245.4875, subdivision 8, for young adults under
107.20 age 21 and their families;

107.21 (3) respite care services for children with emotional disturbances or severe emotional
107.22 disturbances who are at risk of out-of-home placement or already in out-of-home placement
107.23 in family foster settings as defined in chapter 245A and at risk of change in out-of-home
107.24 placement or placement in a residential facility or other higher level of care. Allowable
107.25 activities and expenses for respite care services are defined under subdivision 4. A child is
107.26 not required to have case management services to receive respite care services;

107.27 (4) children's mental health crisis services;

107.28 (5) mental health services for people from cultural and ethnic minorities, including
107.29 supervision of clinical trainees who are Black, indigenous, or people of color;

107.30 (6) children's mental health screening and follow-up diagnostic assessment and treatment;

108.1 (7) services to promote and develop the capacity of providers to use evidence-based
108.2 practices in providing children's mental health services;

108.3 (8) school-linked mental health services under section 245.4901;

108.4 (9) building evidence-based mental health intervention capacity for children birth to age
108.5 five;

108.6 (10) suicide prevention and counseling services that use text messaging statewide;

108.7 (11) mental health first aid training;

483.1 (12) training for parents, collaborative partners, and mental health providers on the
 483.2 impact of adverse childhood experiences and trauma and development of an interactive
 483.3 website to share information and strategies to promote resilience and prevent trauma;

483.4 (13) transition age services to develop or expand mental health treatment and supports
 483.5 for adolescents and young adults 26 years of age or younger;

483.6 (14) early childhood mental health consultation;

483.7 (15) evidence-based interventions for youth at risk of developing or experiencing a first
 483.8 episode of psychosis, and a public awareness campaign on the signs and symptoms of
 483.9 psychosis;

483.10 (16) psychiatric consultation for primary care practitioners; ~~and~~

483.11 (17) providers to begin operations and meet program requirements when establishing a
 483.12 new children's mental health program. These may be start-up grants; ~~and~~

483.13 (18) intensive developmentally appropriate and culturally informed interventions for
 483.14 youth who are at risk of developing a mood disorder or experiencing a first episode of a
 483.15 mood disorder and a public awareness campaign on the signs and symptoms of mood
 483.16 disorders in youth.

483.17 (c) Services under paragraph (b) must be designed to help each child to function and
 483.18 remain with the child's family in the community and delivered consistent with the child's
 483.19 treatment plan. Transition services to eligible young adults under this paragraph must be
 483.20 designed to foster independent living in the community.

483.21 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
 483.22 reimbursement sources, if applicable.

483.23 Sec. 11. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision
 483.24 to read:

483.25 Subd. 4. Covered respite care services. Respite care services under subdivision 1,
 483.26 paragraph (b), clause (3), include hourly or overnight stays at a licensed foster home or with
 483.27 a qualified and approved family member or friend and may occur at a child's or a provider's
 483.28 home. Respite care services may also include the following activities and expenses:

483.29 (1) recreational, sport, and nonsport extracurricular activities and programs for the child
 483.30 such as camps, clubs, activities, lessons, group outings, sports, or other activities and
 483.31 programs;

484.1 (2) family activities, camps, and retreats that the whole family does together ~~that~~ provide
 484.2 a break from the family's circumstances;

108.8 (12) training for parents, collaborative partners, and mental health providers on the
 108.9 impact of adverse childhood experiences and trauma and development of an interactive
 108.10 website to share information and strategies to promote resilience and prevent trauma;

108.11 (13) transition age services to develop or expand mental health treatment and supports
 108.12 for adolescents and young adults 26 years of age or younger;

108.13 (14) early childhood mental health consultation;

108.14 (15) evidence-based interventions for youth at risk of developing or experiencing a first
 108.15 episode of psychosis, and a public awareness campaign on the signs and symptoms of
 108.16 psychosis;

108.17 (16) psychiatric consultation for primary care practitioners; ~~and~~

108.18 (17) providers to begin operations and meet program requirements when establishing a
 108.19 new children's mental health program. These may be start-up grants.

108.20 (c) Services under paragraph (b) must be designed to help each child to function and
 108.21 remain with the child's family in the community and delivered consistent with the child's
 108.22 treatment plan. Transition services to eligible young adults under this paragraph must be
 108.23 designed to foster independent living in the community.

108.24 (d) As a condition of receiving grant funds, a grantee shall obtain all available third-party
 108.25 reimbursement sources, if applicable.

108.26 EFFECTIVE DATE. This section is effective July 1, 2022.

108.27 Sec. 9. Minnesota Statutes 2020, section 245.4889, is amended by adding a subdivision
 108.28 to read:

108.29 Subd. 4. Respite care services. Respite care services under subdivision 1, paragraph
 108.30 (b), clause (3), include hourly or overnight stays at a licensed foster home or with a qualified
 109.1 and approved family member or friend and may occur at a child's or provider's home. Respite
 109.2 care services may also include the following activities and expenses:

109.3 (1) recreational, sport, and nonsport extracurricular activities and programs for the child
 109.4 including camps, clubs, lessons, group outings, sports, or other activities and programs;

109.5 (2) family activities, camps, and retreats that the family does together ~~and~~ provide a
 109.6 break from the family's circumstance;

484.3 (3) cultural programs and activities for the child and family designed to address the
484.4 unique needs of individuals who share a common language or racial, ethnic, or social
484.5 background; and

484.6 (4) costs of transportation, food, supplies, and equipment directly associated with
484.7 approved respite care services and expenses necessary for the child and family to access
484.8 and participate in respite care services.

484.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

484.10 Sec. 12. **[245.4903] CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE**
484.11 **GRANT PROGRAM.**

484.12 Subdivision 1. **Establishment.** The commissioner of human services shall establish a
484.13 cultural and ethnic minority infrastructure grant program to ensure that mental health and
484.14 substance use disorder treatment supports and services are culturally specific and culturally
484.15 responsive to meet the cultural needs of the communities served.

484.16 Subd. 2. **Eligible applicants.** An eligible applicant is a licensed entity or provider from
484.17 a cultural or ethnic minority population who:

484.18 (1) provides mental health or substance use disorder treatment services and supports to
484.19 individuals from cultural and ethnic minority populations, including individuals who are
484.20 lesbian, gay, bisexual, transgender, or queer, from cultural and ethnic minority populations;

484.21 (2) provides or is qualified and has the capacity to provide clinical supervision and
484.22 support to members of culturally diverse and ethnic minority communities to qualify as
484.23 mental health and substance use disorder treatment providers; or

484.24 (3) has the capacity and experience to provide training for mental health and substance
484.25 use disorder treatment providers on cultural competency and cultural humility.

484.26 Subd. 3. **Allowable grant activities.** (a) The cultural and ethnic minority infrastructure
484.27 grant program grantees must engage in activities and provide supportive services to ensure
484.28 and increase equitable access to culturally specific and responsive care and to build
484.29 organizational and professional capacity for licensure and certification for the communities
484.30 served. Allowable grant activities include but are not limited to:

485.1 (1) workforce development activities focused on recruiting, supporting, training, and
485.2 supervision activities for mental health and substance use disorder practitioners and
485.3 professionals from diverse racial, cultural, and ethnic communities;

485.4 (2) supporting members of culturally diverse and ethnic minority communities to qualify
485.5 as mental health and substance use disorder professionals, practitioners, clinical supervisors,
485.6 recovery peer specialists, mental health certified peer specialists, and mental health certified
485.7 family peer specialists;

109.7 (3) cultural programs and activities for the child and family designed to address the
109.8 unique needs of individuals who share a common language, racial, ethnic, or social
109.9 background; and

109.10 (4) costs of transportation, food, supplies, and equipment directly associated with
109.11 approved respite care services and expenses necessary for the child and family to access
109.12 and participate in respite care services.

109.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

485.8 (3) culturally specific outreach, early intervention, trauma-informed services, and recovery
485.9 support in mental health and substance use disorder services;

485.10 (4) provision of trauma-informed, culturally responsive mental health and substance use
485.11 disorder supports and services for children and families, youth, or adults who are from
485.12 cultural and ethnic minority backgrounds and are uninsured or underinsured;

485.13 (5) mental health and substance use disorder service expansion and infrastructure
485.14 improvement activities, particularly in greater Minnesota;

485.15 (6) training for mental health and substance use disorder treatment providers on cultural
485.16 competency and cultural humility; and

485.17 (7) activities to increase the availability of culturally responsive mental health and
485.18 substance use disorder services for children and families, youth, or adults or to increase the
485.19 availability of substance use disorder services for individuals from cultural and ethnic
485.20 minorities in the state.

485.21 (b) The commissioner must assist grantees with meeting third-party credentialing
485.22 requirements, and grantees must obtain all available third-party reimbursement sources as
485.23 a condition of receiving grant funds. Grantees must serve individuals from cultural and
485.24 ethnic minority communities regardless of health coverage status or ability to pay.

485.25 Subd. 4. **Data collection and outcomes.** Grantees must provide regular data summaries
485.26 to the commissioner for purposes of evaluating the effectiveness of the cultural and ethnic
485.27 minority infrastructure grant program. The commissioner must use identified culturally
485.28 appropriate outcome measures instruments to evaluate outcomes and must evaluate program
485.29 activities by analyzing whether the program:

485.30 (1) increased access to culturally specific services for individuals from cultural and
485.31 ethnic minority communities across the state;

485.32 (2) increased number of individuals from cultural and ethnic minority communities
485.33 served by grantees;

486.1 (3) increased cultural responsiveness and cultural competency of mental health and
486.2 substance use disorder treatment providers;

486.3 (4) increased number of mental health and substance use disorder treatment providers
486.4 and clinical supervisors from cultural and ethnic minority communities;

486.5 (5) increased number of mental health and substance use disorder treatment organizations
486.6 owned, managed, or led by individuals who are Black, Indigenous, or people of color;

486.7 (6) reduced in health disparities through improved clinical and functional outcomes for
486.8 those accessing services; and

486.9 (7) led to an overall increase in culturally specific mental health and substance use
486.10 disorder service availability.

486.11 Sec. 13. **[245.4904] EMERGING MOOD DISORDER GRANT PROGRAM.**

486.12 Subdivision 1. **Creation.** (a) The emerging mood disorder grant program is established
486.13 in the Department of Human Services to fund:

486.14 (1) evidence-informed interventions for youth and young adults who are at risk of
486.15 developing a mood disorder or are experiencing an emerging mood disorder, including
486.16 major depression and bipolar disorders; and

486.17 (2) a public awareness campaign on the signs and symptoms of mood disorders in youth
486.18 and young adults.

486.19 (b) Emerging mood disorder services are eligible for children's mental health grants as
486.20 specified in section 245.4889, subdivision 1, paragraph (b), clause (18).

486.21 Subd. 2. **Activities.** (a) All emerging mood disorder grant programs must:

486.22 (1) provide intensive treatment and support to adolescents and young adults experiencing
486.23 or at risk of experiencing an emerging mood disorder. Intensive treatment and support
486.24 includes medication management, psychoeducation for the individual and the individual's
486.25 family, case management, employment support, education support, cognitive behavioral
486.26 approaches, social skills training, peer support, crisis planning, and stress management;

486.27 (2) conduct outreach and provide training and guidance to mental health and health care
486.28 professionals, including postsecondary health clinicians, on early symptoms of mood
486.29 disorders, screening tools, and best practices;

486.30 (3) ensure access for individuals to emerging mood disorder services under this section,
486.31 including ensuring access for individuals who live in rural areas; and

487.1 (4) use all available funding streams.

487.2 (b) Grant money may also be used to pay for housing or travel expenses for individuals
487.3 receiving services or to address other barriers preventing individuals and their families from
487.4 participating in emerging mood disorder services.

487.5 (c) Grant money may be used by the grantee to evaluate the efficacy of providing
487.6 intensive services and supports to people with emerging mood disorders.

487.7 Subd. 3. **Eligibility.** Program activities must be provided to youth and young adults with
487.8 early signs of an emerging mood disorder.

487.9 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
487.10 practices and must include the following outcome evaluation criteria:

487.11 (1) whether individuals experience a reduction in mood disorder symptoms; and

487.12 (2) whether individuals experience a decrease in inpatient mental health hospitalizations.

487.13 Sec. 14. **[245.4905] FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM.**

487.14 Subdivision 1. **Creation.** The first episode of psychosis grant program is established in
487.15 the Department of Human Services to fund evidence-based interventions for youth at risk
487.16 of developing or experiencing a first episode of psychosis and a public awareness campaign
487.17 on the signs and symptoms of psychosis. First episode of psychosis services are eligible for
487.18 children's mental health grants as specified in section 245.4889, subdivision 1, paragraph
487.19 (b), clause (15).

487.20 Subd. 2. **Activities.** (a) All first episode of psychosis grant programs must:

487.21 (1) provide intensive treatment and support for adolescents and adults experiencing or
487.22 at risk of experiencing a first psychotic episode. Intensive treatment and support includes
487.23 medication management, psychoeducation for an individual and an individual's family, case
487.24 management, employment support, education support, cognitive behavioral approaches,
487.25 social skills training, peer support, crisis planning, and stress management;

487.26 (2) conduct outreach and provide training and guidance to mental health and health care
487.27 professionals, including postsecondary health clinicians, on early psychosis symptoms,
487.28 screening tools, and best practices;

487.29 (3) ensure access for individuals to first psychotic episode services under this section,
487.30 including access for individuals who live in rural areas; and

487.31 (4) use all available funding streams.

488.1 (b) Grant money may also be used to pay for housing or travel expenses for individuals
488.2 receiving services or to address other barriers preventing individuals and their families from
488.3 participating in first psychotic episode services.

488.4 Subd. 3. **Eligibility.** Program activities must be provided to people 15 to 40 years old
488.5 with early signs of psychosis.

488.6 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
488.7 practices and must include the following outcome evaluation criteria:

488.8 (1) whether individuals experience a reduction in psychotic symptoms;

488.9 (2) whether individuals experience a decrease in inpatient mental health hospitalizations;
488.10 and

488.11 (3) whether individuals experience an increase in educational attainment.

488.12 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
488.13 all conditions and requirements necessary to receive federal aid or grants.

488.14 Sec. 15. Minnesota Statutes 2020, section 245.713, subdivision 2, is amended to read:

488.15 Subd. 2. **Total funds available; allocation.** Funds granted to the state by the federal
488.16 government under United States Code, title 42, sections 300X to 300X-9 each federal fiscal
488.17 year for mental health services must be allocated as follows:

488.18 (a) Any amount set aside by the commissioner of human services for American Indian
488.19 organizations within the state, which funds shall not duplicate any direct federal funding of
488.20 American Indian organizations and which funds shall be at least 25 percent of the total
488.21 federal allocation to the state for mental health services; ~~provided that sufficient applications~~
488.22 ~~for funding are received by the commissioner which meet the specifications contained in~~
488.23 ~~requests for proposals.~~ Money from this source may be used for special committees to advise
488.24 the commissioner on mental health programs and services for American Indians and other
488.25 minorities or underserved groups. For purposes of this subdivision, "American Indian
488.26 organization" means an American Indian tribe or band or an organization providing mental
488.27 health services that is legally incorporated as a nonprofit organization registered with the
488.28 secretary of state and governed by a board of directors having at least a majority of American
488.29 Indian directors.

488.30 (b) An amount not to exceed five percent of the federal block grant allocation for mental
488.31 health services to be retained by the commissioner for administration.

489.1 (c) Any amount permitted under federal law which the commissioner approves for
489.2 demonstration or research projects for severely disturbed children and adolescents, the
489.3 underserved, special populations or multiply disabled mentally ill persons. The groups to
489.4 be served, the extent and nature of services to be provided, the amount and duration of any
489.5 grant awards are to be based on criteria set forth in the Alcohol, Drug Abuse and Mental
489.6 Health Block Grant Law, United States Code, title 42, sections 300X to 300X-9, and on
489.7 state policies and procedures determined necessary by the commissioner. Grant recipients
489.8 must comply with applicable state and federal requirements and demonstrate fiscal and
489.9 program management capabilities that will result in provision of quality, cost-effective
489.10 services.

489.11 (d) The amount required under federal law, for federally mandated expenditures.

489.12 (e) An amount not to exceed 15 percent of the federal block grant allocation for mental
489.13 health services to be retained by the commissioner for planning and evaluation.

489.14 **EFFECTIVE DATE.** This section is effective July 1, 2022.

489.15 Sec. 16. **[245.991] PROJECTS FOR ASSISTANCE IN TRANSITION FROM**
489.16 **HOMELESSNESS PROGRAM.**

489.17 Subdivision 1. **Creation.** The projects for assistance in transition from homelessness
489.18 program is established in the Department of Human Services to prevent or end homelessness
489.19 for people with serious mental illness and substance use disorders and ensure the

489.20 commissioner may achieve the goals of the housing mission statement in section 245.461,
489.21 subdivision 4.

489.22 Subd. 2. **Activities.** All projects for assistance in transition from homelessness must
489.23 provide homeless outreach and case management services. Projects may provide clinical
489.24 assessment, habilitation and rehabilitation services, community mental health services,
489.25 substance use disorder treatment, housing transition and sustaining services, direct assistance
489.26 funding, and other activities as determined by the commissioner.

489.27 Subd. 3. **Eligibility.** Program activities must be provided to people with serious mental
489.28 illness or a substance use disorder who meet homeless criteria determined by the
489.29 commissioner. People receiving homeless outreach may be presumed eligible until a serious
489.30 mental illness or a substance use disorder can be verified.

489.31 Subd. 4. **Outcomes.** Evaluation of each project must include the following outcome
489.32 evaluation criteria:

489.33 (1) whether people are contacted through homeless outreach services;

490.1 (2) whether people are enrolled in case management services;

490.2 (3) whether people access behavioral health services; and

490.3 (4) whether people transition from homelessness to housing.

490.4 Subd. 5. **Federal aid or grants.** The commissioner of human services must comply with
490.5 all conditions and requirements necessary to receive federal aid or grants with respect to
490.6 homeless services or programs as specified in section 245.70.

490.7 Sec. 17. **[245.992] HOUSING WITH SUPPORT FOR BEHAVIORAL HEALTH.**

490.8 Subdivision 1. **Creation.** The housing with support for behavioral health program is
490.9 established in the Department of Human Services to prevent or end homelessness for people
490.10 with serious mental illness and substance use disorders, increase the availability of housing
490.11 with support, and ensure the commissioner may achieve the goals of the housing mission
490.12 statement in section 245.461, subdivision 4.

490.13 Subd. 2. **Activities.** The housing with support for behavioral health program may provide
490.14 a range of activities and supportive services to ensure that people obtain and retain permanent
490.15 supportive housing. Program activities may include case management, site-based housing
490.16 services, housing transition and sustaining services, outreach services, community support
490.17 services, direct assistance funding, and other activities as determined by the commissioner.

490.18 Subd. 3. **Eligibility.** Program activities must be provided to people with a serious mental
490.19 illness or a substance use disorder who meet homeless criteria determined by the
490.20 commissioner.

490.21 Subd. 4. **Outcomes.** Evaluation of program activities must utilize evidence-based
490.22 practices and must include the following outcome evaluation criteria:

490.23 (1) whether housing and activities utilize evidence-based practices;

490.24 (2) whether people transition from homelessness to housing;

490.25 (3) whether people retain housing; and

490.26 (4) whether people are satisfied with their current housing.

490.27 Sec. 18. Minnesota Statutes 2021 Supplement, section 245A.043, subdivision 3, is amended
490.28 to read:

490.29 Subd. 3. **Change of ownership process.** (a) When a change in ownership is proposed
490.30 and the party intends to assume operation without an interruption in service longer than 60
491.1 days after acquiring the program or service, the license holder must provide the commissioner
491.2 with written notice of the proposed change on a form provided by the commissioner at least
491.3 60 days before the anticipated date of the change in ownership. For purposes of this
491.4 subdivision and subdivision 4, "party" means the party that intends to operate the service
491.5 or program.

491.6 (b) The party must submit a license application under this chapter on the form and in
491.7 the manner prescribed by the commissioner at least 30 days before the change in ownership
491.8 is complete, and must include documentation to support the upcoming change. The party
491.9 must comply with background study requirements under chapter 245C and shall pay the
491.10 application fee required under section 245A.10. A party that intends to assume operation
491.11 without an interruption in service longer than 60 days after acquiring the program or service
491.12 is exempt from the requirements of sections 245G.03, subdivision 2, paragraph (b), and
491.13 254B.03, subdivision 2, paragraphs ~~(d)~~ (c) and ~~(e)~~ (d).

491.14 (c) The commissioner may streamline application procedures when the party is an existing
491.15 license holder under this chapter and is acquiring a program licensed under this chapter or
491.16 service in the same service class as one or more licensed programs or services the party
491.17 operates and those licenses are in substantial compliance. For purposes of this subdivision,
491.18 "substantial compliance" means within the previous 12 months the commissioner did not
491.19 (1) issue a sanction under section 245A.07 against a license held by the party, or (2) make
491.20 a license held by the party conditional according to section 245A.06.

491.21 (d) Except when a temporary change in ownership license is issued pursuant to
491.22 subdivision 4, the existing license holder is solely responsible for operating the program
491.23 according to applicable laws and rules until a license under this chapter is issued to the
491.24 party.

491.25 (e) If a licensing inspection of the program or service was conducted within the previous
491.26 12 months and the existing license holder's license record demonstrates substantial
491.27 compliance with the applicable licensing requirements, the commissioner may waive the
491.28 party's inspection required by section 245A.04, subdivision 4. The party must submit to the

491.29 commissioner (1) proof that the premises was inspected by a fire marshal or that the fire
491.30 marshal deemed that an inspection was not warranted, and (2) proof that the premises was
491.31 inspected for compliance with the building code or that no inspection was deemed warranted.

491.32 (f) If the party is seeking a license for a program or service that has an outstanding action
491.33 under section 245A.06 or 245A.07, the party must submit a letter as part of the application
492.1 process identifying how the party has or will come into full compliance with the licensing
492.2 requirements.

492.3 (g) The commissioner shall evaluate the party's application according to section 245A.04,
492.4 subdivision 6. If the commissioner determines that the party has remedied or demonstrates
492.5 the ability to remedy the outstanding actions under section 245A.06 or 245A.07 and has
492.6 determined that the program otherwise complies with all applicable laws and rules, the
492.7 commissioner shall issue a license or conditional license under this chapter. The conditional
492.8 license remains in effect until the commissioner determines that the grounds for the action
492.9 are corrected or no longer exist.

492.10 (h) The commissioner may deny an application as provided in section 245A.05. An
492.11 applicant whose application was denied by the commissioner may appeal the denial according
492.12 to section 245A.05.

492.13 (i) This subdivision does not apply to a licensed program or service located in a home
492.14 where the license holder resides.

492.15 Sec. 19. **[245A.26] CHILDREN'S RESIDENTIAL FACILITY CRISIS**
492.16 **STABILIZATION SERVICES.**

492.17 Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms defined in this
492.18 subdivision have the meanings given.

492.19 (b) "Clinical trainee" means a staff person who is qualified under section 245I.04,
492.20 subdivision 6.

492.21 (c) "License holder" means an individual, organization, or government entity that was
492.22 issued a license by the commissioner of human services under this chapter for residential
492.23 mental health treatment for children with emotional disturbance according to Minnesota
492.24 Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700, or shelter care services
492.25 according to Minnesota Rules, parts 2960.0010 to 2960.0120 and 2960.0510 to 2960.0530.

492.26 (d) "Mental health professional" means an individual who is qualified under section
492.27 245I.04, subdivision 2.

492.28 Subd. 2. **Scope and applicability.** (a) This section establishes additional licensing
492.29 requirements for a children's residential facility to provide children's residential crisis
492.30 stabilization services to a child who is experiencing a mental health crisis and is in need of
492.31 residential treatment services.

493.1 (b) A children's residential facility may provide residential crisis stabilization services
493.2 only if the facility is licensed to provide:

493.3 (1) residential mental health treatment for children with emotional disturbance according
493.4 to Minnesota Rules, parts 2960.0010 to 2960.0220 and 2960.0580 to 2960.0700; or

493.5 (2) shelter care services according to Minnesota Rules, parts 2960.0010 to 2960.0120
493.6 and 2960.0510 to 2960.0530.

493.7 (c) If a child receives residential crisis stabilization services for 35 days or fewer in a
493.8 facility licensed according to paragraph (b), clause (1), the facility is not required to complete
493.9 a diagnostic assessment or treatment plan under Minnesota Rules, part 2960.0180, subpart
493.10 2, and part 2960.0600.

493.11 (d) If a child receives residential crisis stabilization services for 35 days or fewer in a
493.12 facility licensed according to paragraph (b), clause (2), the facility is not required to develop
493.13 a plan for meeting the child's immediate needs under Minnesota Rules, part 2960.0520,
493.14 subpart 3.

493.15 Subd. 3. **Eligibility for services.** An individual is eligible for children's residential crisis
493.16 stabilization services if the individual is under 19 years of age and meets the eligibility
493.17 criteria for crisis services under section 256B.0624, subdivision 3.

493.18 Subd. 4. **Required services; providers.** (a) A license holder providing residential crisis
493.19 stabilization services must continually follow a child's individual crisis treatment plan to
493.20 improve the child's functioning.

493.21 (b) The license holder must offer and have the capacity to directly provide the following
493.22 treatment services to a child:

493.23 (1) crisis stabilization services as described in section 256B.0624, subdivision 7;

493.24 (2) mental health services as specified in the child's individual crisis treatment plan,
493.25 according to the child's treatment needs;

493.26 (3) health services and medication administration, if applicable; and

493.27 (4) referrals for the child to community-based treatment providers and support services
493.28 for the child's transition from residential crisis stabilization to another treatment setting.

493.29 (c) Children's residential crisis stabilization services must be provided by a qualified
493.30 staff person listed in section 256B.0624, subdivision 8, according to the scope of practice
493.31 for the individual staff person's position.

494.1 Subd. 5. **Assessment and treatment planning.** (a) Within 24 hours of a child's admission
494.2 for residential crisis stabilization, the license holder must assess the child and document the
494.3 child's immediate needs, including the child's:

494.4 (1) health and safety, including the need for crisis assistance; and

494.5 (2) need for connection to family and other natural supports.

494.6 (b) Within 24 hours of a child's admission for residential crisis stabilization, the license

494.7 holder must complete a crisis treatment plan for the child, according to the requirements

494.8 for a crisis treatment plan under section 256B.0624, subdivision 11. The license holder must

494.9 base the child's crisis treatment plan on the child's referral information and the assessment

494.10 of the child's immediate needs under paragraph (a). A mental health professional or a clinical

494.11 trainee under the supervision of a mental health professional must complete the crisis

494.12 treatment plan. A crisis treatment plan completed by a clinical trainee must contain

494.13 documentation of approval, as defined in section 245I.02, subdivision 2, by a mental health

494.14 professional within five business days of initial completion by the clinical trainee.

494.15 (c) A mental health professional must review a child's crisis treatment plan each week

494.16 and document the weekly reviews in the child's client file.

494.17 (d) For a client receiving children's residential crisis stabilization services who is 18

494.18 years of age or older, the license holder must complete an individual abuse prevention plan

494.19 for the client, pursuant to section 245A.65, subdivision 2, as part of the client's crisis

494.20 treatment plan.

494.21 Subd. 6. **Staffing requirements.** Staff members of facilities providing services under

494.22 this section must have access to a mental health professional or clinical trainee within 30

494.23 minutes, either in person or by telephone. The license holder must maintain a current schedule

494.24 of available mental health professionals or clinical trainees and include contact information

494.25 for each mental health professional or clinical trainee. The schedule must be readily available

494.26 to all staff members.

494.27 Sec. 20. Minnesota Statutes 2020, section 245F.03, is amended to read:

494.28 **245F.03 APPLICATION.**

494.29 (a) This chapter establishes minimum standards for withdrawal management programs

494.30 licensed by the commissioner that serve one or more unrelated persons.

494.31 (b) This chapter does not apply to a withdrawal management program licensed as a

494.32 hospital under sections 144.50 to 144.581. A withdrawal management program located in

495.1 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this

495.2 chapter is deemed to be in compliance with section 245F.13.

495.3 ~~(e) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~

495.4 ~~management programs licensed under this chapter.~~

495.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

109.14 Sec. 10. Minnesota Statutes 2020, section 245F.03, is amended to read:

109.15 **245F.03 APPLICATION.**

109.16 (a) This chapter establishes minimum standards for withdrawal management programs

109.17 licensed by the commissioner that serve one or more unrelated persons.

109.18 (b) This chapter does not apply to a withdrawal management program licensed as a

109.19 hospital under sections 144.50 to 144.581. A withdrawal management program located in

109.20 a hospital licensed under sections 144.50 to 144.581 that chooses to be licensed under this

109.21 chapter is deemed to be in compliance with section 245F.13.

109.22 ~~(e) Minnesota Rules, parts 9530.6600 to 9530.6655, do not apply to withdrawal~~

109.23 ~~management programs licensed under this chapter.~~

109.24 **EFFECTIVE DATE.** This section is effective July 1, 2022.

495.6 Sec. 21. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

495.7 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an

495.8 assessment summary within three calendar days from the day of service initiation for a

495.9 residential program and within three calendar days on which a treatment session has been

495.10 provided from the day of service initiation for a client in a nonresidential program. The

495.11 comprehensive assessment summary is complete upon a qualified staff member's dated

495.12 signature. If the comprehensive assessment is used to authorize the treatment service, the

495.13 alcohol and drug counselor must prepare an assessment summary on the same date the

495.14 comprehensive assessment is completed. If the comprehensive assessment and assessment

495.15 summary are to authorize treatment services, the assessor must determine appropriate level

495.16 of care and services for the client using the dimensions in Minnesota Rules, part 9530.6622

495.17 criteria established in section 254B.04, subdivision 4, and document the recommendations.

495.18 (b) An assessment summary must include:

495.19 (1) a risk description according to section 245G.05 for each dimension listed in paragraph

495.20 (c);

495.21 (2) a narrative summary supporting the risk descriptions; and

495.22 (3) a determination of whether the client has a substance use disorder.

495.23 (c) An assessment summary must contain information relevant to treatment service

495.24 planning and recorded in the dimensions in clauses (1) to (6). The license holder must

495.25 consider:

495.26 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with

495.27 withdrawal symptoms and current state of intoxication;

495.28 (2) Dimension 2, biomedical conditions and complications; the degree to which any

495.29 physical disorder of the client would interfere with treatment for substance use, and the

495.30 client's ability to tolerate any related discomfort. The license holder must determine the

495.31 impact of continued substance use on the unborn child, if the client is pregnant;

496.1 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;

496.2 the degree to which any condition or complication is likely to interfere with treatment for

496.3 substance use or with functioning in significant life areas and the likelihood of harm to self

496.4 or others;

496.5 (4) Dimension 4, readiness for change; the support necessary to keep the client involved

496.6 in treatment service;

496.7 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree

496.8 to which the client recognizes relapse issues and has the skills to prevent relapse of either

496.9 substance use or mental health problems; and

109.25 Sec. 11. Minnesota Statutes 2020, section 245G.05, subdivision 2, is amended to read:

109.26 Subd. 2. **Assessment summary.** (a) An alcohol and drug counselor must complete an

109.27 assessment summary within three calendar days from the day of service initiation for a

109.28 residential program and within three calendar days on which a treatment session has been

109.29 provided from the day of service initiation for a client in a nonresidential program. The

109.30 comprehensive assessment summary is complete upon a qualified staff member's dated

109.31 signature. If the comprehensive assessment is used to authorize the treatment service, the

110.1 alcohol and drug counselor must prepare an assessment summary on the same date the

110.2 comprehensive assessment is completed. If the comprehensive assessment and assessment

110.3 summary are to authorize treatment services, the assessor must determine appropriate level

110.4 of care and services for the client using the dimensions in Minnesota Rules, part 9530.6622

110.5 criteria established in section 254B.04, subdivision 4, and document the recommendations.

110.6 (b) An assessment summary must include:

110.7 (1) a risk description according to section 245G.05 for each dimension listed in paragraph

110.8 (c);

110.9 (2) a narrative summary supporting the risk descriptions; and

110.10 (3) a determination of whether the client has a substance use disorder.

110.11 (c) An assessment summary must contain information relevant to treatment service

110.12 planning and recorded in the dimensions in clauses (1) to (6). The license holder must

110.13 consider:

110.14 (1) Dimension 1, acute intoxication/withdrawal potential; the client's ability to cope with

110.15 withdrawal symptoms and current state of intoxication;

110.16 (2) Dimension 2, biomedical conditions and complications; the degree to which any

110.17 physical disorder of the client would interfere with treatment for substance use, and the

110.18 client's ability to tolerate any related discomfort. The license holder must determine the

110.19 impact of continued substance use on the unborn child, if the client is pregnant;

110.20 (3) Dimension 3, emotional, behavioral, and cognitive conditions and complications;

110.21 the degree to which any condition or complication is likely to interfere with treatment for

110.22 substance use or with functioning in significant life areas and the likelihood of harm to self

110.23 or others;

110.24 (4) Dimension 4, readiness for change; the support necessary to keep the client involved

110.25 in treatment service;

110.26 (5) Dimension 5, relapse, continued use, and continued problem potential; the degree

110.27 to which the client recognizes relapse issues and has the skills to prevent relapse of either

110.28 substance use or mental health problems; and

496.10 (6) Dimension 6, recovery environment; whether the areas of the client's life are
496.11 supportive of or antagonistic to treatment participation and recovery.

496.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

110.29 (6) Dimension 6, recovery environment; whether the areas of the client's life are
110.30 supportive of or antagonistic to treatment participation and recovery.

110.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.

111.1 Sec. 12. Minnesota Statutes 2020, section 245G.07, subdivision 1, is amended to read:

111.2 Subdivision 1. **Treatment service.** (a) A licensed residential treatment program must
111.3 offer the treatment services in clauses (1) to (5) to each client, unless clinically inappropriate
111.4 and the justifying clinical rationale is documented. A nonresidential treatment program must
111.5 offer all treatment services in clauses (1) to (5) and document in the individual treatment
111.6 plan the specific services for which a client has an assessed need and the plan to provide
111.7 the services:

111.8 (1) individual and group counseling to help the client identify and address needs related
111.9 to substance use and develop strategies to avoid harmful substance use after discharge and
111.10 to help the client obtain the services necessary to establish a lifestyle free of the harmful
111.11 effects of substance use disorder;

111.12 (2) client education strategies to avoid inappropriate substance use and health problems
111.13 related to substance use and the necessary lifestyle changes to regain and maintain health.
111.14 Client education must include information on tuberculosis education on a form approved
111.15 by the commissioner, the human immunodeficiency virus according to section 245A.19,
111.16 other sexually transmitted diseases, drug and alcohol use during pregnancy, and hepatitis.
111.17 Client education must also include education on naloxone by a formalized training program
111.18 or onsite registered nurse, and must include the process for the administration of naloxone,
111.19 overdose awareness, and locations where naloxone can be obtained;

111.20 (3) a service to help the client integrate gains made during treatment into daily living
111.21 and to reduce the client's reliance on a staff member for support;

111.22 (4) a service to address issues related to co-occurring disorders, including client education
111.23 on symptoms of mental illness, the possibility of comorbidity, and the need for continued
111.24 medication compliance while recovering from substance use disorder. A group must address
111.25 co-occurring disorders, as needed. When treatment for mental health problems is indicated,
111.26 the treatment must be integrated into the client's individual treatment plan; and

111.27 (5) treatment coordination provided one-to-one by an individual who meets the staff
111.28 qualifications in section 245G.11, subdivision 7. Treatment coordination services include:

111.29 (i) assistance in coordination with significant others to help in the treatment planning
111.30 process whenever possible;

111.31 (ii) assistance in coordination with and follow up for medical services as identified in
111.32 the treatment plan;

112.1 (iii) facilitation of referrals to substance use disorder services as indicated by a client's
112.2 medical provider, comprehensive assessment, or treatment plan;

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		112.3 (iv) facilitation of referrals to mental health services as identified by a client's	
		112.4 comprehensive assessment or treatment plan;	
		112.5 (v) assistance with referrals to economic assistance, social services, housing resources,	
		112.6 and prenatal care according to the client's needs;	
		112.7 (vi) life skills advocacy and support accessing treatment follow-up, disease management,	
		112.8 and education services, including referral and linkages to long-term services and supports	
		112.9 as needed; and	
		112.10 (vii) documentation of the provision of treatment coordination services in the client's	
		112.11 file.	
		112.12 (b) A treatment service provided to a client must be provided according to the individual	
		112.13 treatment plan and must consider cultural differences and special needs of a client.	
		112.14 EFFECTIVE DATE. This section is effective the day following final enactment.	
		112.15 Sec. 13. Minnesota Statutes 2020, section 245G.08, subdivision 3, is amended to read:	
		112.16 Subd. 3. Standing order protocol. A license holder that maintains must maintain a	
		112.17 proper supply of naloxone available for emergency treatment of opioid overdose on site in	
		112.18 a conspicuous location and must have a written standing order protocol by a physician who	
		112.19 is licensed under chapter 147 or advanced practice registered nurse who is licensed under	
		112.20 chapter 148, that permits the license holder to maintain a supply of naloxone on site. A	
		112.21 license holder must require staff to undergo training in the specific mode of administration	
		112.22 used at the program, which may include intranasal administration, intramuscular injection,	
		112.23 or both.	
		112.24 Sec. 14. Minnesota Statutes 2020, section 245G.21, is amended by adding a subdivision	
		112.25 to read:	
		112.26 Subd. 9. Denial of medication. A license holder cannot deny medications and	
		112.27 pharmacotherapies to a client if such medications and pharmacotherapies are prescribed by	
		112.28 a licensed physician.	
		112.29 EFFECTIVE DATE. This section is effective the day following final enactment.	
496.13	Sec. 22. Minnesota Statutes 2020, section 245G.22, subdivisions 2, is amended to read:	113.1	Sec. 15. Minnesota Statutes 2020, section 245G.22, subdivision 2, is amended to read:
496.14	Subd. 2. Definitions. (a) For purposes of this section, the terms defined in this subdivision	113.2	Subd. 2. Definitions. (a) For purposes of this section, the terms defined in this subdivision
496.15	have the meanings given them.	113.3	have the meanings given them.
496.16	(b) "Diversion" means the use of a medication for the treatment of opioid addiction being	113.4	(b) "Diversion" means the use of a medication for the treatment of opioid addiction being
496.17	diverted from intended use of the medication.	113.5	diverted from intended use of the medication.
496.18	(c) "Guest dose" means administration of a medication used for the treatment of opioid	113.6	(c) "Guest dose" means administration of a medication used for the treatment of opioid
496.19	addiction to a person who is not a client of the program that is administering or dispensing	113.7	addiction to a person who is not a client of the program that is administering or dispensing
496.20	the medication.	113.8	the medication.

496.21 (d) "Medical director" means a practitioner licensed to practice medicine in the
 496.22 jurisdiction that the opioid treatment program is located who assumes responsibility for
 496.23 administering all medical services performed by the program, either by performing the
 496.24 services directly or by delegating specific responsibility to a practitioner of the opioid
 496.25 treatment program.

496.26 (e) "Medication used for the treatment of opioid use disorder" means a medication
 496.27 approved by the Food and Drug Administration for the treatment of opioid use disorder.

496.28 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

496.29 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
 496.30 title 42, section 8.12, and includes programs licensed under this chapter.

497.1 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
 497.2 ~~subpart 21a.~~

497.3 ~~(h)~~ ~~(h)~~ "Practitioner" means a staff member holding a current, unrestricted license to
 497.4 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
 497.5 of Nursing and is currently registered with the Drug Enforcement Administration to order
 497.6 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
 497.7 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
 497.8 registered nurse and physician assistant if the staff member receives a variance by the state
 497.9 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
 497.10 Mental Health Services Administration.

497.11 ~~(i)~~ ~~(i)~~ "Unsupervised use" means the use of a medication for the treatment of opioid use
 497.12 disorder dispensed for use by a client outside of the program setting.

497.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

497.14 Sec. 23. Minnesota Statutes 2020, section 245G.22, subdivision 15, is amended to read:

497.15 Subd. 15. **Nonmedication treatment services; documentation.** ~~(a) The program must~~
 497.16 ~~offer at least 50 consecutive minutes of individual or group therapy treatment services as~~
 497.17 ~~defined in section 245G.07, subdivision 1, paragraph (a), clause (1), per week, for the first~~
 497.18 ~~ten weeks following the day of service initiation, and at least 50 consecutive minutes per~~
 497.19 ~~month thereafter. As clinically appropriate, the program may offer these services cumulatively~~
 497.20 ~~and not consecutively in increments of no less than 15 minutes over the required time period,~~
 497.21 ~~and for a total of 60 minutes of treatment services over the time period, and must document~~
 497.22 ~~the reason for providing services cumulatively in the client's record. The program may offer~~
 497.23 ~~additional levels of service when deemed clinically necessary.~~

497.24 ~~(a) The program must meet the requirements in section 245G.07, subdivision 1, paragraph~~
 497.25 ~~(a), and must document each occurrence when the program offered the client an individual~~
 497.26 ~~or group counseling service. If the program offered an individual or group counseling service~~
 497.27 ~~but did not provide the service to the client, the program must document the reason the~~
 497.28 ~~service was not provided. If the service is provided, the program must ensure that the staff~~

113.9 (d) "Medical director" means a practitioner licensed to practice medicine in the
 113.10 jurisdiction that the opioid treatment program is located who assumes responsibility for
 113.11 administering all medical services performed by the program, either by performing the
 113.12 services directly or by delegating specific responsibility to a practitioner of the opioid
 113.13 treatment program.

113.14 (e) "Medication used for the treatment of opioid use disorder" means a medication
 113.15 approved by the Food and Drug Administration for the treatment of opioid use disorder.

113.16 (f) "Minnesota health care programs" has the meaning given in section 256B.0636.

113.17 (g) "Opioid treatment program" has the meaning given in Code of Federal Regulations,
 113.18 title 42, section 8.12, and includes programs licensed under this chapter.

113.19 ~~(h) "Placing authority" has the meaning given in Minnesota Rules, part 9530.6605,~~
 113.20 ~~subpart 21a.~~

113.21 ~~(h)~~ ~~(h)~~ "Practitioner" means a staff member holding a current, unrestricted license to
 113.22 practice medicine issued by the Board of Medical Practice or nursing issued by the Board
 113.23 of Nursing and is currently registered with the Drug Enforcement Administration to order
 113.24 or dispense controlled substances in Schedules II to V under the Controlled Substances Act,
 113.25 United States Code, title 21, part B, section 821. Practitioner includes an advanced practice
 113.26 registered nurse and physician assistant if the staff member receives a variance by the state
 113.27 opioid treatment authority under section 254A.03 and the federal Substance Abuse and
 113.28 Mental Health Services Administration.

113.29 ~~(i)~~ ~~(i)~~ "Unsupervised use" means the use of a medication for the treatment of opioid use
 113.30 disorder dispensed for use by a client outside of the program setting.

113.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.

497.29 member who provides the treatment service documents in the client record the date, type,
497.30 and amount of the treatment service and the client's response to the treatment service within
497.31 seven days of providing the treatment service.

497.32 (b) Notwithstanding the requirements of comprehensive assessments in section 245G.05,
497.33 the assessment must be completed within 21 days from the day of service initiation.

498.1 (c) Notwithstanding the requirements of individual treatment plans set forth in section
498.2 245G.06:

498.3 (1) treatment plan contents for a maintenance client are not required to include goals
498.4 the client must reach to complete treatment and have services terminated;

498.5 (2) treatment plans for a client in a taper or detox status must include goals the client
498.6 must reach to complete treatment and have services terminated; and

498.7 (3) for the ten weeks following the day of service initiation for all new admissions,
498.8 readmissions, and transfers, a weekly treatment plan review must be documented once the
498.9 treatment plan is completed. Subsequently, the counselor must document treatment plan
498.10 reviews in the six dimensions at least once monthly or, when clinical need warrants, more
498.11 frequently.

498.12 Sec. 24. Minnesota Statutes 2021 Supplement, section 245I.23, is amended by adding a
498.13 subdivision to read:

498.14 Subd. 19a. **Additional requirements for locked program facility.** (a) A license holder
498.15 that prohibits clients from leaving the facility by locking exit doors or other permissible
498.16 methods must meet the additional requirements of this subdivision.

498.17 (b) The license holder must meet all applicable building and fire codes to operate a
498.18 building with locked exit doors. The license holder must have the appropriate license from
498.19 the Department of Health, as determined by the Department of Health, for operating a
498.20 program with locked exit doors.

498.21 (c) The license holder's policies and procedures must clearly describe the types of court
498.22 orders that authorize the license holder to prohibit clients from leaving the facility.

498.23 (d) For each client present in the facility under a court order, the license holder must
498.24 maintain documentation of the court order authorizing the license holder to prohibit the
498.25 client from leaving the facility.

498.26 (e) Upon a client's admission to a locked program facility, the license holder must
498.27 document in the client file that the client was informed:

498.28 (1) that the client has the right to leave the facility according to the client's rights under
498.29 section 144.651, subdivision 12, if the client is not subject to a court order authorizing the
498.30 license holder to prohibit the client from leaving the facility; or

498.31 (2) that the client cannot leave the facility due to a court order authorizing the license
498.32 holder to prohibit the client from leaving the facility.

499.1 (f) If the license holder prohibits a client from leaving the facility, the client's treatment
499.2 plan must reflect this restriction.

499.3 Sec. 25. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended
499.4 to read:

499.5 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
499.6 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
499.7 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~
499.8 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
499.9 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
499.10 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
499.11 ~~comprehensive assessments under section 254B.05 may determine and approve the~~
499.12 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~
499.13 ~~The process for determining an individual's financial eligibility for the behavioral health~~
499.14 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~
499.15 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~
499.16 ~~for placement.~~

499.17 (b) The commissioner shall develop and implement a utilization review process for
499.18 publicly funded treatment placements to monitor and review the clinical appropriateness
499.19 and timeliness of all publicly funded placements in treatment.

499.20 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
499.21 alcohol or substance use disorder that is provided to a recipient of public assistance within
499.22 a primary care clinic, hospital, or other medical setting or school setting establishes medical
499.23 necessity and approval for an initial set of substance use disorder services identified in
499.24 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
499.25 screen result is positive may include any combination of up to four hours of individual or
499.26 group substance use disorder treatment, two hours of substance use disorder treatment
499.27 coordination, or two hours of substance use disorder peer support services provided by a
499.28 qualified individual according to chapter 245G. A recipient must obtain an assessment
499.29 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
499.30 ~~parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05~~
499.31 ~~are not applicable is not required to receive~~ the initial set of services allowed under this
499.32 subdivision. A positive screen result establishes eligibility for the initial set of services
499.33 allowed under this subdivision.

500.1 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual~~
500.2 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
500.3 Individuals obtaining a comprehensive assessment may access any enrolled provider that
500.4 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
500.5 3, ~~paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must

114.1 Sec. 16. Minnesota Statutes 2021 Supplement, section 254A.03, subdivision 3, is amended
114.2 to read:

114.3 Subd. 3. **Rules for substance use disorder care.** (a) ~~The commissioner of human~~
114.4 ~~services shall establish by rule criteria to be used in determining the appropriate level of~~
114.5 ~~chemical dependency care for each recipient of public assistance seeking treatment for~~
114.6 ~~substance misuse or substance use disorder. Upon federal approval of a comprehensive~~
114.7 ~~assessment as a Medicaid benefit, or on July 1, 2018, whichever is later, and notwithstanding~~
114.8 ~~the criteria in Minnesota Rules, parts 9530.6600 to 9530.6655, An eligible vendor of~~
114.9 ~~comprehensive assessments under section 254B.05 may determine and approve the~~
114.10 ~~appropriate level of substance use disorder treatment for a recipient of public assistance.~~
114.11 ~~The process for determining an individual's financial eligibility for the behavioral health~~
114.12 ~~fund or determining an individual's enrollment in or eligibility for a publicly subsidized~~
114.13 ~~health plan is not affected by the individual's choice to access a comprehensive assessment~~
114.14 ~~for placement.~~

114.15 (b) The commissioner shall develop and implement a utilization review process for
114.16 publicly funded treatment placements to monitor and review the clinical appropriateness
114.17 and timeliness of all publicly funded placements in treatment.

114.18 (c) If a screen result is positive for alcohol or substance misuse, a brief screening for
114.19 alcohol or substance use disorder that is provided to a recipient of public assistance within
114.20 a primary care clinic, hospital, or other medical setting or school setting establishes medical
114.21 necessity and approval for an initial set of substance use disorder services identified in
114.22 section 254B.05, subdivision 5. The initial set of services approved for a recipient whose
114.23 screen result is positive may include any combination of up to four hours of individual or
114.24 group substance use disorder treatment, two hours of substance use disorder treatment
114.25 coordination, or two hours of substance use disorder peer support services provided by a
114.26 qualified individual according to chapter 245G. A recipient must obtain an assessment
114.27 pursuant to paragraph (a) to be approved for additional treatment services. ~~Minnesota Rules,~~
114.28 ~~parts 9530.6600 to 9530.6655, and A comprehensive assessment pursuant to section 245G.05~~
114.29 ~~are not applicable is not required to receive~~ the initial set of services allowed under this
114.30 subdivision. A positive screen result establishes eligibility for the initial set of services
114.31 allowed under this subdivision.

114.32 (d) ~~Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, An individual~~
114.33 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
114.34 Individuals obtaining a comprehensive assessment may access any enrolled provider that
114.35 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision
115.1 3, ~~paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must

500.6 comply with any provider network requirements or limitations. ~~This paragraph expires July~~
500.7 ~~1, 2022.~~

500.8 **EFFECTIVE DATE.** This section is effective July 1, 2022.

115.2 comply with any provider network requirements or limitations. ~~This paragraph expires July~~
115.3 ~~1, 2022.~~

115.4 **EFFECTIVE DATE.** This section is effective July 1, 2022.

115.5 Sec. 17. **[254A.087] SOBER HOUSES.**

115.6 Subdivision 1. **Definition.** "Sober house" means a cooperative living residence, a room
115.7 and board residence, an apartment, or any other living accommodation that:

115.8 (1) provides temporary housing to persons with alcohol or other drug dependency or
115.9 abuse problems in exchange for compensation;

115.10 (2) stipulates that residents must abstain from using alcohol or drugs not prescribed by
115.11 a licensed physician, and meet other requirements as a condition of living in the residence;

115.12 (3) does not provide direct counseling or treatment services to the residents;

115.13 (4) does not deny medications or pharmacotherapies as prescribed by a licensed physician;

115.14 (5) provides lockboxes, controlled medication count, and urinalysis testing; and

115.15 (6) properly maintains a supply of naloxone on site in a conspicuous location.

115.16 Subd. 2. **Provision of counseling services.** Persons with alcohol or drug dependency
115.17 or abuse problems residing in sober houses shall be:

115.18 (1) provided with naloxone training and education by a formalized training program or
115.19 trained house manager. The training must include the process for administration of naloxone
115.20 and a supply of naloxone must be kept on site in a conspicuous location; and

115.21 (2) provided with counseling and related services by alcohol and drug counselors licensed
115.22 under chapter 148C, or referred by the sober house to counseling and related services
115.23 provided by alcohol and drug counselors licensed under chapter 148C.

115.24 Subd. 3. **Notice; alternative living arrangements; referral for counseling.** Persons
115.25 with alcohol or drug dependency or abuse problems receiving residential services shall be:

115.26 (1) provided with 48 hours written notice prior to discharge or termination of services,
115.27 stating the reason for discharge and proposed alternative living arrangements as recommended
115.28 by an assessment under Minnesota Rules, parts 9530.6600 to 9530.6655. Weekends and
115.29 legal holidays are excluded when calculating the 48 hours' notice;

116.1 (2) provided alternative living arrangements to meet their needs as recommended by an
116.2 assessment under Minnesota Rules, parts 9530.6600 to 9530.6655, if discharge from the
116.3 program must occur prior to the expiration of 48 hours is deemed necessary by the facility;

116.4 (3) provided with information in writing who to contact to appeal the proposed discharge;

- 116.5 (4) informed of their right to request that designated individuals receive immediate notice
 116.6 of the proposed discharge by telephone, fax, or other means of communication. Weekends
 116.7 and legal holidays are excluded when calculating the 48 hours' notice; and
- 116.8 (5) referred to emergency services, detoxification services, or crisis facilities if relapse
 116.9 is the reason for discharge. The referral must be provided in a written form or by telephone,
 116.10 fax, or other means of communication.
- 116.11 Subd. 4. **Services by licensed providers.** (a) Residential or outpatient facilities licensed
 116.12 under chapter 245A shall only refer persons with alcohol or drug dependency or abuse
 116.13 problems, or their family members or others affected by the person's dependency or abuse,
 116.14 to persons licensed under chapter 148C or to facilities licensed under chapter 245A.
- 116.15 (b) If a referring facility has an economic interest in the referral, this interest shall be
 116.16 disclosed in writing and two alternative referrals shall be provided. A release of information
 116.17 for both parties must be presented to the person with alcohol or drug dependency or abuse
 116.18 or their family members or others affected by the person's dependency or abuse.
- 116.19 (c) Organizations and groups that do not receive compensation for their services, such
 116.20 as 12-step programs, are excluded from the requirements of this subdivision.
- 116.21 Subd. 5. **Resident property upon service termination.** Upon the service termination
 116.22 of a resident, a sober house must:
- 116.23 (1) return all property that belonged to a resident upon that resident's service termination
 116.24 regardless of that resident's service termination status;
- 116.25 (2) retain the resident's property for a minimum of seven days after the resident's service
 116.26 termination, if the resident did not claim the resident's property upon service termination;
 116.27 and
- 116.28 (3) retain the resident's property for a minimum of 30 days after the resident's service
 116.29 termination, if the resident did not claim the resident's property upon service termination
 116.30 and received room and board, emergency services, crisis services, detoxification services,
 116.31 or facility transfer.
- 116.32 Subd. 6. **Sober house management.** A sober house must:
- 117.1 (1) have written procedures for scheduled drug monitoring;
- 117.2 (2) have written procedures for counting and documenting a resident's controlled
 117.3 medications, including a standardized data collection tool for collecting, documenting, and
 117.4 filing daily controlled medications counts that includes the date, time, and the signature of
 117.5 the staff member taking the daily count of scheduled medications;
- 117.6 (3) have a statement that no medication supply for one resident shall be provided to
 117.7 another resident; and

500.9 Sec. 26. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

500.10 Subdivision 1. **Persons arrested outside of home county county of residence.** When
500.11 a chemical use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655;~~
500.12 for a person who is arrested and taken into custody by a peace officer outside of the person's
500.13 county of residence, the ~~assessment must be completed by the person's county of residence~~
500.14 ~~no later than three weeks after the assessment is initially requested. If the assessment is not~~
500.15 ~~performed within this time limit, the county where the person is to be sentenced shall perform~~
500.16 ~~the assessment~~ county where the person is detained must facilitate access to an assessor
500.17 qualified under subdivision 3. The county of financial responsibility is determined under
500.18 chapter 256G.

500.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

500.20 Sec. 27. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

500.21 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** (a) ~~Except as~~
500.22 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~
500.23 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~
500.24 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~
500.25 ~~provider.~~

500.26 (b) ~~A county may contract with an assessor having a conflict described in paragraph (a)~~
500.27 ~~if the county documents that:~~

500.28 (1) ~~the assessor is employed by a culturally specific service provider or a service provider~~
500.29 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

500.30 (2) ~~the county does not employ a sufficient number of qualified assessors and the only~~
500.31 ~~qualified assessors available in the county have a direct or shared financial interest or a~~
500.32 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

501.1 (3) ~~the county social service agency has an existing relationship with an assessor or~~
501.2 ~~service provider and elects to enter into a contract with that assessor to provide both~~
501.3 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
501.4 ~~the county retains responsibility for making placement decisions.~~

501.5 (c) ~~The county may contract with a hospital to conduct chemical assessments if the~~
501.6 ~~requirements in subdivision 1a are met.~~

501.7 An assessor under this paragraph may not place clients in treatment. The assessor shall
501.8 gather required information and provide it to the county along with any required

117.8 (4) file and store controlled medications counts for a minimum of two years.

117.9 **EFFECTIVE DATE.** This section is effective May 1, 2023.

117.10 Sec. 18. Minnesota Statutes 2020, section 254A.19, subdivision 1, is amended to read:

117.11 Subdivision 1. **Persons arrested outside of home county of residence.** When a chemical
117.12 use assessment is required ~~under Minnesota Rules, parts 9530.6600 to 9530.6655;~~ for a
117.13 person who is arrested and taken into custody by a peace officer outside of the person's
117.14 county of residence, the ~~assessment must be completed by the person's county of residence~~
117.15 ~~no later than three weeks after the assessment is initially requested. If the assessment is not~~
117.16 ~~performed within this time limit, the county where the person is to be sentenced shall perform~~
117.17 ~~the assessment~~ county where the person is detained must facilitate access to an assessor
117.18 qualified under subdivision 3. The county of financial responsibility is determined under
117.19 chapter 256G.

117.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

117.21 Sec. 19. Minnesota Statutes 2020, section 254A.19, subdivision 3, is amended to read:

117.22 Subd. 3. **Financial conflicts of interest Comprehensive assessments.** (a) ~~Except as~~
117.23 ~~provided in paragraph (b), (c), or (d), an assessor conducting a chemical use assessment~~
117.24 ~~under Minnesota Rules, parts 9530.6600 to 9530.6655, may not have any direct or shared~~
117.25 ~~financial interest or referral relationship resulting in shared financial gain with a treatment~~
117.26 ~~provider.~~

117.27 (b) ~~A county may contract with an assessor having a conflict described in paragraph (a)~~
117.28 ~~if the county documents that:~~

117.29 (1) ~~the assessor is employed by a culturally specific service provider or a service provider~~
117.30 ~~with a program designed to treat individuals of a specific age, sex, or sexual preference;~~

118.1 (2) ~~the county does not employ a sufficient number of qualified assessors and the only~~
118.2 ~~qualified assessors available in the county have a direct or shared financial interest or a~~
118.3 ~~referral relationship resulting in shared financial gain with a treatment provider; or~~

118.4 (3) ~~the county social service agency has an existing relationship with an assessor or~~
118.5 ~~service provider and elects to enter into a contract with that assessor to provide both~~
118.6 ~~assessment and treatment under circumstances specified in the county's contract, provided~~
118.7 ~~the county retains responsibility for making placement decisions.~~

118.8 (c) ~~The county may contract with a hospital to conduct chemical assessments if the~~
118.9 ~~requirements in subdivision 1a are met.~~

118.10 An assessor under this paragraph may not place clients in treatment. The assessor shall
118.11 gather required information and provide it to the county along with any required

501.9 ~~documentation. The county shall make all placement decisions for clients assessed by~~
501.10 ~~assessors under this paragraph.~~

501.11 ~~(d)~~ An eligible vendor under section 254B.05 conducting a comprehensive assessment
501.12 for an individual seeking treatment shall approve the nature, intensity level, and duration
501.13 of treatment service if a need for services is indicated, but the individual assessed can access
501.14 any enrolled provider that is licensed to provide the level of service authorized, including
501.15 the provider or program that completed the assessment. If an individual is enrolled in a
501.16 prepaid health plan, the individual must comply with any provider network requirements
501.17 or limitations. An eligible vendor of a comprehensive assessment must provide information,
501.18 in a format provided by the commissioner, on medical assistance and the behavioral health
501.19 fund to individuals seeking an assessment.

501.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

501.21 Sec. 28. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
501.22 to read:

501.23 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
501.24 ~~9530.6615;~~ For the purposes of determining level of care, a comprehensive assessment does
501.25 not need to be completed for an individual being committed as a chemically dependent
501.26 person, as defined in section 253B.02, and for the duration of a civil commitment under
501.27 section ~~253B.065~~, 253B.09; or 253B.095 in order for a county to access the behavioral
501.28 health fund under section 254B.04. The county must determine if the individual meets the
501.29 financial eligibility requirements for the behavioral health fund under section 254B.04.
501.30 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
501.31 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

501.32 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.1 Sec. 29. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
502.2 to read:

502.3 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
502.4 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
502.5 "chemical use assessment" means a comprehensive assessment and assessment summary
502.6 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
502.7 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
502.8 5.

502.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.10 Sec. 30. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
502.11 to read:

502.12 Subd. 7. **Assessments for children's residential facilities.** For children's residential
502.13 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
502.14 2960.0220 and 2960.0430 to 2960.0490, a "chemical use assessment" means a comprehensive

118.12 ~~documentation. The county shall make all placement decisions for clients assessed by~~
118.13 ~~assessors under this paragraph.~~

118.14 ~~(d)~~ An eligible vendor under section 254B.05 conducting a comprehensive assessment
118.15 for an individual seeking treatment shall approve the nature, intensity level, and duration
118.16 of treatment service if a need for services is indicated, but the individual assessed can access
118.17 any enrolled provider that is licensed to provide the level of service authorized, including
118.18 the provider or program that completed the assessment. If an individual is enrolled in a
118.19 prepaid health plan, the individual must comply with any provider network requirements
118.20 or limitations. An eligible vendor of a comprehensive assessment must provide information,
118.21 in a format provided by the commissioner, on medical assistance and the behavioral health
118.22 fund to individuals seeking an assessment.

118.23 **EFFECTIVE DATE.** This section is effective July 1, 2022.

118.24 Sec. 20. Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 4, is amended
118.25 to read:

118.26 Subd. 4. **Civil commitments.** ~~A Rule 25 assessment, under Minnesota Rules, part~~
118.27 ~~9530.6615;~~ For the purposes of determining level of care, a comprehensive assessment does
118.28 not need to be completed for an individual being committed as a chemically dependent
118.29 person, as defined in section 253B.02, and for the duration of a civil commitment under
118.30 section ~~253B.065~~, 253B.09; or 253B.095 in order for a county to access the behavioral
118.31 health fund under section 254B.04. The county must determine if the individual meets the
118.32 financial eligibility requirements for the behavioral health fund under section 254B.04.
119.1 ~~Nothing in this subdivision prohibits placement in a treatment facility or treatment program~~
119.2 ~~governed under this chapter or Minnesota Rules, parts 9530.6600 to 9530.6655.~~

119.3 **EFFECTIVE DATE.** This section is effective July 1, 2022.

119.4 Sec. 21. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
119.5 to read:

119.6 Subd. 6. **Assessments for detoxification programs.** For detoxification programs licensed
119.7 under chapter 245A according to Minnesota Rules, parts 9530.6510 to 9530.6590, a
119.8 "chemical use assessment" means a comprehensive assessment and assessment summary
119.9 completed according to section 245G.05 and a "chemical dependency assessor" or "assessor"
119.10 means an individual who meets the qualifications of section 245G.11, subdivisions 1 and
119.11 5.

119.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

119.13 Sec. 22. Minnesota Statutes 2020, section 254A.19, is amended by adding a subdivision
119.14 to read:

119.15 Subd. 7. **Assessments for children's residential facilities.** For children's residential
119.16 facilities licensed under chapter 245A according to Minnesota Rules, parts 2960.0010 to
119.17 2960.0220 and 2960.0430 to 2960.0500, a "chemical use assessment" means a comprehensive

502.15 assessment and assessment summary completed according to section 245G.05 by an
502.16 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

502.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.18 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
502.19 to read:

502.20 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
502.21 for payment of treatment services under this chapter.

502.22 **EFFECTIVE DATE.** This section is effective July 1, 2022.

502.23 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
502.24 to read:

502.25 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
502.26 services, or for whom substance use disorder services have been requested.

502.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.1 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.2 to read:

503.3 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
503.4 to pay before the person's third-party payment source is obligated to make a payment, or
503.5 the amount an insured person is obligated to pay in addition to the amount the person's
503.6 third-party payment source is obligated to pay.

503.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.8 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.9 to read:

503.10 Subd. 4c. **Department.** "Department" means the Department of Human Services.

503.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.12 Sec. 35. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.13 to read:

503.14 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
503.15 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
503.16 used to collect substance use disorder treatment data across all levels of care and providers.

503.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

503.18 Sec. 36. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

503.19 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
503.20 county commissioners, a local social services agency, or a human services board ~~to make~~

119.18 assessment and assessment summary completed according to section 245G.05 by an
119.19 individual who meets the qualifications of section 245G.11, subdivisions 1 and 5.

119.20 **EFFECTIVE DATE.** This section is effective July 1, 2022.

119.21 Sec. 23. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
119.22 to read:

119.23 Subd. 2a. **Behavioral health fund.** "Behavioral health fund" means money allocated
119.24 for payment of treatment services under this chapter.

119.25 **EFFECTIVE DATE.** This section is effective July 1, 2022.

119.26 Sec. 24. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
119.27 to read:

119.28 Subd. 2b. **Client.** "Client" means an individual who has requested substance use disorder
119.29 services, or for whom substance use disorder services have been requested.

119.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

120.1 Sec. 25. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.2 to read:

120.3 Subd. 2c. **Co-payment.** "Co-payment" means the amount an insured person is obligated
120.4 to pay before the person's third-party payment source is obligated to make a payment, or
120.5 the amount an insured person is obligated to pay in addition to the amount the person's
120.6 third-party payment source is obligated to pay.

120.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

120.8 Sec. 26. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.9 to read:

120.10 Subd. 4c. **Department.** "Department" means the Department of Human Services.

120.11 **EFFECTIVE DATE.** This section is effective July 1, 2022.

120.12 Sec. 27. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.13 to read:

120.14 Subd. 4d. **Drug and alcohol abuse normative evaluation system or DAANES.** "Drug
120.15 and alcohol abuse normative evaluation system" or "DAANES" means the reporting system
120.16 used to collect substance use disorder treatment data across all levels of care and providers.

120.17 **EFFECTIVE DATE.** This section is effective July 1, 2022.

120.18 Sec. 28. Minnesota Statutes 2020, section 254B.01, subdivision 5, is amended to read:

120.19 Subd. 5. **Local agency.** "Local agency" means the agency designated by a board of
120.20 county commissioners, a local social services agency, or a human services board ~~to make~~

503.21 ~~placements and submit state invoices according to Laws 1986, chapter 294, sections 8 to~~
503.22 ~~29 authorized under section 254B.03, subdivision 1, to determine financial eligibility for~~
503.23 ~~the behavioral health fund.~~

503.24 Sec. 37. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
503.25 to read:

503.26 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

503.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.1 Sec. 38. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.2 to read:

504.3 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
504.4 policy under which a third-party payment source has an obligation to pay all or part of a
504.5 client's treatment costs.

504.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.7 Sec. 39. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.8 to read:

504.9 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
504.10 of the client's household and is a client's spouse or the parent of a minor child who is a
504.11 client.

504.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.13 Sec. 40. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.14 to read:

504.15 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
504.16 entity, or public or private agency other than medical assistance or general assistance medical
504.17 care that has a probable obligation to pay all or part of the costs of a client's substance use
504.18 disorder treatment.

504.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.20 Sec. 41. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.21 to read:

504.22 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
504.23 services that meets the criteria established in section 254B.05 and that has applied to
504.24 participate as a provider in the medical assistance program according to Minnesota Rules,
504.25 part 9505.0195.

504.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

120.21 ~~placements and submit state invoices according to Laws 1986, chapter 294, sections 8 to~~
120.22 ~~29 authorized under section 254B.03, subdivision 1, to determine financial eligibility for~~
120.23 ~~the behavioral health fund.~~

120.24 Sec. 29. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
120.25 to read:

120.26 Subd. 6a. **Minor child.** "Minor child" means an individual under the age of 18 years.

120.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

121.1 Sec. 30. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.2 to read:

121.3 Subd. 6b. **Policy holder.** "Policy holder" means a person who has a third-party payment
121.4 policy under which a third-party payment source has an obligation to pay all or part of a
121.5 client's treatment costs.

121.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

121.7 Sec. 31. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.8 to read:

121.9 Subd. 9. **Responsible relative.** "Responsible relative" means a person who is a member
121.10 of the client's household and is a client's spouse or the parent of a minor child who is a
121.11 client.

121.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

121.13 Sec. 32. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.14 to read:

121.15 Subd. 10. **Third-party payment source.** "Third-party payment source" means a person,
121.16 entity, or public or private agency other than medical assistance or general assistance medical
121.17 care that has a probable obligation to pay all or part of the costs of a client's substance use
121.18 disorder treatment.

121.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

121.20 Sec. 33. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.21 to read:

121.22 Subd. 11. **Vendor.** "Vendor" means a provider of substance use disorder treatment
121.23 services that meets the criteria established in section 254B.05 and that has applied to
121.24 participate as a provider in the medical assistance program according to Minnesota Rules,
121.25 part 9505.0195.

121.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

504.27 Sec. 42. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
504.28 to read:

504.29 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
504.30 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the
505.1 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
505.2 discharge of individuals with substance use disorders. The ASAM criteria are contained in
505.3 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
505.4 Substance-Related, and Co-Occurring Conditions.

505.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

505.6 Sec. 43. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
505.7 to read:

505.8 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
505.9 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
505.10 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
505.11 professionals as identified in section 245G.07, subdivision 3.

505.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

505.13 Sec. 44. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

505.14 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ **must determine financial**
505.15 **eligibility for substance use disorder services and provide chemical dependency substance**
505.16 **use disorder services to persons residing within its jurisdiction who meet criteria established**
505.17 **by the commissioner for placement in a chemical dependency residential or nonresidential**
505.18 **treatment service.** Chemical dependency money must be administered by the local agencies
505.19 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

505.20 (b) In order to contain costs, the commissioner of human services shall select eligible
505.21 vendors of chemical dependency services who can provide economical and appropriate
505.22 treatment. Unless the local agency is a social services department directly administered by
505.23 a county or human services board, the local agency shall not be an eligible vendor under
505.24 section 254B.05. The commissioner may approve proposals from county boards to provide
505.25 services in an economical manner or to control utilization, with safeguards to ensure that
505.26 necessary services are provided. If a county implements a demonstration or experimental
505.27 medical services funding plan, the commissioner shall transfer the money as appropriate.

505.28 ~~(e) A culturally specific vendor that provides assessments under a variance under~~
505.29 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
505.30 ~~not covered by the variance.~~

505.31 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, (c) An individual~~
505.32 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
506.1 Individuals obtaining a comprehensive assessment may access any enrolled provider that
506.2 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision

121.27 Sec. 34. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
121.28 to read:

121.29 Subd. 12. **American Society of Addiction Medicine criteria or ASAM**
121.30 **criteria.** "American Society of Addiction Medicine criteria" or "ASAM criteria" means the
122.1 clinical guidelines for purposes of the assessment, treatment, placement, and transfer or
122.2 discharge of individuals with substance use disorders. The ASAM criteria are contained in
122.3 the current edition of the ASAM Criteria: Treatment Criteria for Addictive,
122.4 Substance-Related, and Co-Occurring Conditions.

122.5 **EFFECTIVE DATE.** This section is effective July 1, 2022.

122.6 Sec. 35. Minnesota Statutes 2020, section 254B.01, is amended by adding a subdivision
122.7 to read:

122.8 Subd. 13. **Skilled treatment services.** "Skilled treatment services" means the "treatment
122.9 services" described by section 245G.07, subdivisions 1, paragraph (a), clauses (1) to (4);
122.10 and 2, clauses (1) to (6). Skilled treatment services must be provided by qualified
122.11 professionals as identified in section 245G.07, subdivision 3.

122.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

122.13 Sec. 36. Minnesota Statutes 2020, section 254B.03, subdivision 1, is amended to read:

122.14 Subdivision 1. **Local agency duties.** (a) Every local agency ~~shall~~ **must determine financial**
122.15 **eligibility for substance use disorder services and provide chemical dependency substance**
122.16 **use disorder services to persons residing within its jurisdiction who meet criteria established**
122.17 **by the commissioner for placement in a chemical dependency residential or nonresidential**
122.18 **treatment service.** Chemical dependency money must be administered by the local agencies
122.19 according to law and rules adopted by the commissioner under sections 14.001 to 14.69.

122.20 (b) In order to contain costs, the commissioner of human services shall select eligible
122.21 vendors of chemical dependency services who can provide economical and appropriate
122.22 treatment. Unless the local agency is a social services department directly administered by
122.23 a county or human services board, the local agency shall not be an eligible vendor under
122.24 section 254B.05. The commissioner may approve proposals from county boards to provide
122.25 services in an economical manner or to control utilization, with safeguards to ensure that
122.26 necessary services are provided. If a county implements a demonstration or experimental
122.27 medical services funding plan, the commissioner shall transfer the money as appropriate.

122.28 ~~(e) A culturally specific vendor that provides assessments under a variance under~~
122.29 ~~Minnesota Rules, part 9530.6610, shall be allowed to provide assessment services to persons~~
122.30 ~~not covered by the variance.~~

122.31 ~~(d) Notwithstanding Minnesota Rules, parts 9530.6600 to 9530.6655, (c) An individual~~
122.32 ~~may choose to obtain a comprehensive assessment as provided in section 245G.05.~~
123.1 Individuals obtaining a comprehensive assessment may access any enrolled provider that
123.2 is licensed to provide the level of service authorized pursuant to section 254A.19, subdivision

506.3 ~~3, paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must
506.4 comply with any provider network requirements or limitations.

506.5 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
506.6 determinations.

506.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

506.8 Sec. 45. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended
506.9 to read:

506.10 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
506.11 fund is limited to payments for services identified in section 254B.05, other than
506.12 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
506.13 detoxification provided in another state that would be required to be licensed as a chemical
506.14 dependency program if the program were in the state. Out of state vendors must also provide
506.15 the commissioner with assurances that the program complies substantially with state licensing
506.16 requirements and possesses all licenses and certifications required by the host state to provide
506.17 chemical dependency treatment. Vendors receiving payments from the behavioral health
506.18 fund must not require co-payment from a recipient of benefits for services provided under
506.19 this subdivision. The vendor is prohibited from using the client's public benefits to offset
506.20 the cost of services paid under this section. The vendor shall not require the client to use
506.21 public benefits for room or board costs. This includes but is not limited to cash assistance
506.22 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
506.23 benefits is a right of a client receiving services through the behavioral health fund or through
506.24 state contracted managed care entities. Payment from the behavioral health fund shall be
506.25 made for necessary room and board costs provided by vendors meeting the criteria under
506.26 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
506.27 of health according to sections 144.50 to 144.56 to a client who is:

506.28 (1) determined to meet the criteria for placement in a residential chemical dependency
506.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

506.30 (2) concurrently receiving a chemical dependency treatment service in a program licensed
506.31 by the commissioner and reimbursed by the behavioral health fund.

506.32 ~~(b) A county may, from its own resources, provide chemical dependency services for~~
506.33 ~~which state payments are not made. A county may elect to use the same invoice procedures~~
507.1 ~~and obtain the same state payment services as are used for chemical dependency services~~
507.2 ~~for which state payments are made under this section if county payments are made to the~~
507.3 ~~state in advance of state payments to vendors. When a county uses the state system for~~
507.4 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
507.5 ~~available information to determine the anticipated services for which payments will be made~~
507.6 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~

123.3 ~~3, paragraph (d).~~ If the individual is enrolled in a prepaid health plan, the individual must
123.4 comply with any provider network requirements or limitations.

123.5 ~~(e)~~ (d) Beginning July 1, 2022, local agencies shall not make placement location
123.6 determinations.

123.7 **EFFECTIVE DATE.** This section is effective July 1, 2022.

123.8 Sec. 37. Minnesota Statutes 2021 Supplement, section 254B.03, subdivision 2, is amended
123.9 to read:

123.10 Subd. 2. **Behavioral health fund payment.** (a) Payment from the behavioral health
123.11 fund is limited to payments for services identified in section 254B.05, other than
123.12 detoxification licensed under Minnesota Rules, parts 9530.6510 to 9530.6590, and
123.13 detoxification provided in another state that would be required to be licensed as a chemical
123.14 dependency program if the program were in the state. Out of state vendors must also provide
123.15 the commissioner with assurances that the program complies substantially with state licensing
123.16 requirements and possesses all licenses and certifications required by the host state to provide
123.17 chemical dependency treatment. Vendors receiving payments from the behavioral health
123.18 fund must not require co-payment from a recipient of benefits for services provided under
123.19 this subdivision. The vendor is prohibited from using the client's public benefits to offset
123.20 the cost of services paid under this section. The vendor shall not require the client to use
123.21 public benefits for room or board costs. This includes but is not limited to cash assistance
123.22 benefits under chapters 119B, 256D, and 256J, or SNAP benefits. Retention of SNAP
123.23 benefits is a right of a client receiving services through the behavioral health fund or through
123.24 state contracted managed care entities. Payment from the behavioral health fund shall be
123.25 made for necessary room and board costs provided by vendors meeting the criteria under
123.26 section 254B.05, subdivision 1a, or in a community hospital licensed by the commissioner
123.27 of health according to sections 144.50 to 144.56 to a client who is:

123.28 (1) determined to meet the criteria for placement in a residential chemical dependency
123.29 treatment program according to rules adopted under section 254A.03, subdivision 3; and

123.30 (2) concurrently receiving a chemical dependency treatment service in a program licensed
123.31 by the commissioner and reimbursed by the behavioral health fund.

123.32 ~~(b) A county may, from its own resources, provide chemical dependency services for~~
123.33 ~~which state payments are not made. A county may elect to use the same invoice procedures~~
124.1 ~~and obtain the same state payment services as are used for chemical dependency services~~
124.2 ~~for which state payments are made under this section if county payments are made to the~~
124.3 ~~state in advance of state payments to vendors. When a county uses the state system for~~
124.4 ~~payment, the commissioner shall make monthly billings to the county using the most recent~~
124.5 ~~available information to determine the anticipated services for which payments will be made~~
124.6 ~~in the coming month. Adjustment of any overestimate or underestimate based on actual~~

507.7 expenditures shall be made by the state agency by adjusting the estimate for any succeeding
507.8 month.

507.9 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine
507.10 whether there is a need for any proposed expansion of chemical dependency treatment
507.11 services. The commissioner shall deny vendor certification to any provider that has not
507.12 received prior approval from the commissioner for the creation of new programs or the
507.13 expansion of existing program capacity. The commissioner shall consider the provider's
507.14 capacity to obtain clients from outside the state based on plans, agreements, and previous
507.15 utilization history, when determining the need for new treatment services.

507.16 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
507.17 245G, the applicant must notify the county human services director in writing of the
507.18 applicant's intent to open a new treatment program. The written notification must include,
507.19 at a minimum:

507.20 (1) a description of the proposed treatment program; and

507.21 (2) a description of the target population to be served by the treatment program.

507.22 ~~(e)~~ (d) The county human services director may submit a written statement to the
507.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
507.24 support of or opposition to the opening of the new treatment program. The written statement
507.25 must include documentation of the rationale for the county's determination. The commissioner
507.26 shall consider the county's written statement when determining whether there is a need for
507.27 the treatment program as required by paragraph ~~(e)~~ (b).

507.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

507.29 Sec. 46. Minnesota Statutes 2020, section 254B.03, subdivision 4, is amended to read:

507.30 Subd. 4. **Division of costs.** (a) Except for services provided by a county under section
507.31 254B.09, subdivision 1, or services provided under section 256B.69, the county shall, out
507.32 of local money, pay the state for 22.95 percent of the cost of chemical dependency services,
507.33 except for those services provided to persons enrolled in medical assistance under chapter
508.1 256B and room and board services under section 254B.05, subdivision 5, paragraph (b),
508.2 clause ~~(12)~~ (11). Counties may use the indigent hospitalization levy for treatment and hospital
508.3 payments made under this section.

508.4 (b) 22.95 percent of any state collections from private or third-party pay, less 15 percent
508.5 for the cost of payment and collections, must be distributed to the county that paid for a
508.6 portion of the treatment under this section.

508.7 Sec. 47. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

508.8 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
508.9 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
508.10 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~

124.7 expenditures shall be made by the state agency by adjusting the estimate for any succeeding
124.8 month.

124.9 ~~(e)~~ (b) The commissioner shall coordinate chemical dependency services and determine
124.10 whether there is a need for any proposed expansion of chemical dependency treatment
124.11 services. The commissioner shall deny vendor certification to any provider that has not
124.12 received prior approval from the commissioner for the creation of new programs or the
124.13 expansion of existing program capacity. The commissioner shall consider the provider's
124.14 capacity to obtain clients from outside the state based on plans, agreements, and previous
124.15 utilization history, when determining the need for new treatment services.

124.16 ~~(d)~~ (c) At least 60 days prior to submitting an application for new licensure under chapter
124.17 245G, the applicant must notify the county human services director in writing of the
124.18 applicant's intent to open a new treatment program. The written notification must include,
124.19 at a minimum:

124.20 (1) a description of the proposed treatment program; and

124.21 (2) a description of the target population to be served by the treatment program.

124.22 ~~(e)~~ (d) The county human services director may submit a written statement to the
124.23 commissioner, within 60 days of receiving notice from the applicant, regarding the county's
124.24 support of or opposition to the opening of the new treatment program. The written statement
124.25 must include documentation of the rationale for the county's determination. The commissioner
124.26 shall consider the county's written statement when determining whether there is a need for
124.27 the treatment program as required by paragraph ~~(e)~~ (b).

124.28 **EFFECTIVE DATE.** This section is effective July 1, 2022.

124.29 Sec. 38. Minnesota Statutes 2020, section 254B.03, subdivision 5, is amended to read:

124.30 Subd. 5. **Rules; appeal.** The commissioner shall adopt rules as necessary to implement
124.31 this chapter. ~~The commissioner shall establish an appeals process for use by recipients when~~
124.32 ~~services certified by the county are disputed. The commissioner shall adopt rules and~~

508.11 ~~standards for the appeal process to assure adequate redress for persons referred to~~
 508.12 ~~inappropriate services.~~

508.13 **EFFECTIVE DATE.** This section is effective July 1, 2022.

508.14 Sec. 48. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
 508.15 to read:

508.16 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
 508.17 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
 508.18 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
 508.19 fund services. State money appropriated for this paragraph must be placed in a separate
 508.20 account established for this purpose.

508.21 (b) Persons with dependent children who are determined to be in need of chemical
 508.22 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
 508.23 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
 508.24 local agency to access needed treatment services. Treatment services must be appropriate
 508.25 for the individual or family, which may include long-term care treatment or treatment in a
 508.26 facility that allows the dependent children to stay in the treatment facility. The county shall
 508.27 pay for out-of-home placement costs, if applicable.

508.28 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
 508.29 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
 508.30 ~~(12)~~ (11).

508.31 (d) A client is eligible to have substance use disorder treatment paid for with funds from
 508.32 the behavioral health fund if:

509.1 (1) the client is eligible for MFIP as determined under chapter 256J;

509.2 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
 509.3 parts 9505.0010 to 9505.0150;

509.4 (3) the client is eligible for general assistance, general assistance medical care, or work
 509.5 readiness as determined under Minnesota Rules, parts 9500.1200 to 9500.1272; or

509.6 (4) the client's income is within current household size and income guidelines for entitled
 509.7 persons, as defined in this subdivision and subdivision 7.

509.8 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
 509.9 a third-party payment source are eligible for the behavioral health fund if the third-party
 509.10 payment source pays less than 100 percent of the cost of treatment services for eligible
 509.11 clients.

509.12 (f) A client is ineligible to have substance use disorder treatment services paid for by
 509.13 the behavioral health fund if the client:

125.1 ~~standards for the appeal process to assure adequate redress for persons referred to~~
 125.2 ~~inappropriate services.~~

125.3 **EFFECTIVE DATE.** This section is effective July 1, 2022.

125.4 Sec. 39. Minnesota Statutes 2021 Supplement, section 254B.04, subdivision 1, is amended
 125.5 to read:

125.6 Subdivision 1. **Client eligibility.** (a) Persons eligible for benefits under Code of Federal
 125.7 Regulations, title 25, part 20, who meet the income standards of section 256B.056,
 125.8 subdivision 4, and are not enrolled in medical assistance, are entitled to behavioral health
 125.9 fund services. State money appropriated for this paragraph must be placed in a separate
 125.10 account established for this purpose.

125.11 (b) Persons with dependent children who are determined to be in need of chemical
 125.12 dependency treatment pursuant to an assessment under section 260E.20, subdivision 1, or
 125.13 a case plan under section 260C.201, subdivision 6, or 260C.212, shall be assisted by the
 125.14 local agency to access needed treatment services. Treatment services must be appropriate
 125.15 for the individual or family, which may include long-term care treatment or treatment in a
 125.16 facility that allows the dependent children to stay in the treatment facility. The county shall
 125.17 pay for out-of-home placement costs, if applicable.

125.18 (c) Notwithstanding paragraph (a), persons enrolled in medical assistance are eligible
 125.19 for room and board services under section 254B.05, subdivision 5, paragraph (b), clause
 125.20 ~~(12)~~ (11).

125.21 (d) A client is eligible to have substance use disorder treatment paid for with funds from
 125.22 the behavioral health fund if:

125.23 (1) the client is eligible for MFIP as determined under chapter 256J;

125.24 (2) the client is eligible for medical assistance as determined under Minnesota Rules,
 125.25 parts 9505.0010 to 9505.0150;

125.26 (3) the client is eligible for general assistance or work readiness as determined under
 125.27 Minnesota Rules, parts 9500.1200 to 9500.1272; or

125.28 (4) the client's income is within current household size and income guidelines for entitled
 125.29 persons, as defined in this subdivision and subdivision 7.

125.30 (e) Clients who meet the financial eligibility requirement in paragraph (a) and who have
 125.31 a third-party payment source are eligible for the behavioral health fund if the third-party
 126.1 payment source pays less than 100 percent of the cost of treatment services for eligible
 126.2 clients.

126.3 (f) A client is ineligible to have substance use disorder treatment services paid for by
 126.4 the behavioral health fund if the client:

509.14 (1) has an income that exceeds current household size and income guidelines for entitled
509.15 persons, as defined in this subdivision and subdivision 7; or

509.16 (2) has an available third-party payment source that will pay the total cost of the client's
509.17 treatment.

509.18 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
509.19 is eligible for continued treatment service paid for by the behavioral health fund until the
509.20 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
509.21 the client:

509.22 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
509.23 medical care; or

509.24 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
509.25 agency under this section.

509.26 (h) If a county commits a client under chapter 253B to a regional treatment center for
509.27 substance use disorder services and the client is ineligible for the behavioral health fund,
509.28 the county is responsible for payment to the regional treatment center according to section
509.29 254B.05, subdivision 4.

509.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

510.1 Sec. 49. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

510.2 Subd. 2a. **Eligibility for treatment in residential settings room and board services**
510.3 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
510.4 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
510.5 ~~making placements to residential treatment settings;~~ A person eligible for room and board
510.6 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score
510.7 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
510.8 or recovery environment ~~in order~~ to be assigned to services with a room and board component
510.9 reimbursed under this section. Whether a treatment facility has been designated an institution
510.10 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
510.11 in making placements.

510.12 **EFFECTIVE DATE.** This section is effective July 1, 2022.

510.13 Sec. 50. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
510.14 to read:

510.15 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
510.16 must follow criteria approved by the commissioner.

510.17 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
510.18 acute intoxication and withdrawal potential.

126.5 (1) has an income that exceeds current household size and income guidelines for entitled
126.6 persons, as defined in this subdivision and subdivision 7; or

126.7 (2) has an available third-party payment source that will pay the total cost of the client's
126.8 treatment.

126.9 (g) A client who is disenrolled from a state prepaid health plan during a treatment episode
126.10 is eligible for continued treatment service paid for by the behavioral health fund until the
126.11 treatment episode is completed or the client is re-enrolled in a state prepaid health plan if
126.12 the client:

126.13 (1) continues to be enrolled in MinnesotaCare, medical assistance, or general assistance
126.14 medical care; or

126.15 (2) is eligible according to paragraphs (a) and (b) and is determined eligible by a local
126.16 agency under this section.

126.17 (h) If a county commits a client under chapter 253B to a regional treatment center for
126.18 substance use disorder services and the client is ineligible for the behavioral health fund,
126.19 the county is responsible for payment to the regional treatment center according to section
126.20 254B.05, subdivision 4.

126.21 **EFFECTIVE DATE.** This section is effective July 1, 2022.

126.22 Sec. 40. Minnesota Statutes 2020, section 254B.04, subdivision 2a, is amended to read:

126.23 Subd. 2a. **Eligibility for treatment in residential settings room and board services**
126.24 **for persons in outpatient substance use disorder treatment.** ~~Notwithstanding provisions~~
126.25 ~~of Minnesota Rules, part 9530.6622, subparts 5 and 6, related to an assessor's discretion in~~
126.26 ~~making placements to residential treatment settings;~~ A person eligible for room and board
126.27 services under this section 254B.05, subdivision 5, paragraph (b), clause (12), must score
126.28 at level 4 on assessment dimensions related to readiness to change, relapse, continued use,
126.29 or recovery environment ~~in order~~ to be assigned to services with a room and board component
126.30 reimbursed under this section. Whether a treatment facility has been designated an institution
126.31 for mental diseases under United States Code, title 42, section 1396d, shall not be a factor
126.32 in making placements.

127.1 **EFFECTIVE DATE.** This section is effective July 1, 2022.

127.2 Sec. 41. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
127.3 to read:

127.4 Subd. 4. **Assessment criteria and risk descriptions.** (a) The level of care determination
127.5 must follow criteria approved by the commissioner.

127.6 (b) Dimension 1: the vendor must use the criteria in Dimension 1 to determine a client's
127.7 acute intoxication and withdrawal potential.

510.19 (1) "0" The client displays full functioning with good ability to tolerate and cope with
510.20 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
510.21 withdrawal or diminishing signs or symptoms.

510.22 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
510.23 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
510.24 does not immediately endanger self or others. The client poses minimal risk of severe
510.25 withdrawal.

510.26 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
510.27 The client's intoxication may be severe, but the client responds to support and treatment
510.28 such that the client does not immediately endanger self or others. The client displays moderate
510.29 signs and symptoms with moderate risk of severe withdrawal.

510.30 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
510.31 severe intoxication, such that the client endangers self or others, or has intoxication that has
510.32 not abated with less intensive services. The client displays severe signs and symptoms, risk
511.1 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
511.2 less intensive level.

511.3 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
511.4 severe withdrawal and is a danger to self or others.

511.5 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
511.6 biomedical conditions and complications.

511.7 (1) "0" The client displays full functioning with good ability to cope with physical
511.8 discomfort.

511.9 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
511.10 services that the client needs.

511.11 (3) "2" The client has difficulty tolerating and coping with physical problems or has
511.12 other biomedical problems that interfere with recovery and treatment. The client neglects
511.13 or does not seek care for serious biomedical problems.

511.14 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
511.15 health. The client neglects the client's medical problems without active assistance.

511.16 (5) "4" The client is unable to participate in substance use disorder treatment and has
511.17 severe medical problems, has a condition that requires immediate intervention, or is
511.18 incapacitated.

511.19 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
511.20 emotional, behavioral, and cognitive conditions and complications.

127.8 (1) "0" The client displays full functioning with good ability to tolerate and cope with
127.9 withdrawal discomfort. The client displays no signs or symptoms of intoxication or
127.10 withdrawal or diminishing signs or symptoms.

127.11 (2) "1" The client can tolerate and cope with withdrawal discomfort. The client displays
127.12 mild to moderate intoxication or signs and symptoms interfering with daily functioning but
127.13 does not immediately endanger self or others. The client poses minimal risk of severe
127.14 withdrawal.

127.15 (3) "2" The client has some difficulty tolerating and coping with withdrawal discomfort.
127.16 The client's intoxication may be severe, but the client responds to support and treatment
127.17 such that the client does not immediately endanger self or others. The client displays moderate
127.18 signs and symptoms with moderate risk of severe withdrawal.

127.19 (4) "3" The client tolerates and copes with withdrawal discomfort poorly. The client has
127.20 severe intoxication, such that the client endangers self or others, or has intoxication that has
127.21 not abated with less intensive services. The client displays severe signs and symptoms, risk
127.22 of severe but manageable withdrawal, or worsening withdrawal despite detoxification at a
127.23 less intensive level.

127.24 (5) "4" The client is incapacitated with severe signs and symptoms. The client displays
127.25 severe withdrawal and is a danger to self or others.

127.26 (c) Dimension 2: the vendor must use the criteria in Dimension 2 to determine a client's
127.27 biomedical conditions and complications.

127.28 (1) "0" The client displays full functioning with good ability to cope with physical
127.29 discomfort.

127.30 (2) "1" The client tolerates and copes with physical discomfort and is able to get the
127.31 services that the client needs.

128.1 (3) "2" The client has difficulty tolerating and coping with physical problems or has
128.2 other biomedical problems that interfere with recovery and treatment. The client neglects
128.3 or does not seek care for serious biomedical problems.

128.4 (4) "3" The client tolerates and copes poorly with physical problems or has poor general
128.5 health. The client neglects the client's medical problems without active assistance.

128.6 (5) "4" The client is unable to participate in substance use disorder treatment and has
128.7 severe medical problems, has a condition that requires immediate intervention, or is
128.8 incapacitated.

128.9 (d) Dimension 3: the vendor must use the criteria in Dimension 3 to determine a client's
128.10 emotional, behavioral, and cognitive conditions and complications.

511.21 (1) "0" The client has good impulse control and coping skills and presents no risk of
511.22 harm to self or others. The client functions in all life areas and displays no emotional,
511.23 behavioral, or cognitive problems or the problems are stable.

511.24 (2) "1" The client has impulse control and coping skills. The client presents a mild to
511.25 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
511.26 cognitive problems. The client has a mental health diagnosis and is stable. The client
511.27 functions adequately in significant life areas.

511.28 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
511.29 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
511.30 with participation in some activities. The client has difficulty functioning in significant life
511.31 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
511.32 The client is able to participate in most treatment activities.

512.1 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
512.2 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
512.3 out the plan. In addition, the client is severely impaired in significant life areas and has
512.4 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
512.5 client's participation in treatment activities.

512.6 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
512.7 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
512.8 The client is unable to participate in treatment activities.

512.9 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
512.10 readiness for change.

512.11 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
512.12 committed to change, and engaged in treatment as a responsible participant.

512.13 (2) "1" The client is motivated with active reinforcement to explore treatment and
512.14 strategies for change but ambivalent about the client's illness or need for change.

512.15 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
512.16 motivation for change, and is passively involved in treatment.

512.17 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
512.18 the client's addiction or mental disorder, and is minimally cooperative.

512.19 (5) "4" The client is:

512.20 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
512.21 and does not want or is unwilling to explore change or is in total denial of the client's illness
512.22 and its implications; or

128.11 (1) "0" The client has good impulse control and coping skills and presents no risk of
128.12 harm to self or others. The client functions in all life areas and displays no emotional,
128.13 behavioral, or cognitive problems or the problems are stable.

128.14 (2) "1" The client has impulse control and coping skills. The client presents a mild to
128.15 moderate risk of harm to self or others or displays symptoms of emotional, behavioral, or
128.16 cognitive problems. The client has a mental health diagnosis and is stable. The client
128.17 functions adequately in significant life areas.

128.18 (3) "2" The client has difficulty with impulse control and lacks coping skills. The client
128.19 has thoughts of suicide or harm to others without means; however, the thoughts may interfere
128.20 with participation in some activities. The client has difficulty functioning in significant life
128.21 areas. The client has moderate symptoms of emotional, behavioral, or cognitive problems.
128.22 The client is able to participate in most treatment activities.

128.23 (4) "3" The client has a severe lack of impulse control and coping skills. The client also
128.24 has frequent thoughts of suicide or harm to others, including a plan and the means to carry
128.25 out the plan. In addition, the client is severely impaired in significant life areas and has
128.26 severe symptoms of emotional, behavioral, or cognitive problems that interfere with the
128.27 client's participation in treatment activities.

128.28 (5) "4" The client has severe emotional or behavioral symptoms that place the client or
128.29 others at acute risk of harm. The client also has intrusive thoughts of harming self or others.
128.30 The client is unable to participate in treatment activities.

128.31 (e) Dimension 4: the vendor must use the criteria in Dimension 4 to determine a client's
128.32 readiness for change.

129.1 (1) "0" The client admits to problems and is cooperative, motivated, ready to change,
129.2 committed to change, and engaged in treatment as a responsible participant.

129.3 (2) "1" The client is motivated with active reinforcement to explore treatment and
129.4 strategies for change but ambivalent about the client's illness or need for change.

129.5 (3) "2" The client displays verbal compliance but lacks consistent behaviors, has low
129.6 motivation for change, and is passively involved in treatment.

129.7 (4) "3" The client displays inconsistent compliance, has minimal awareness of either
129.8 the client's addiction or mental disorder, and is minimally cooperative.

129.9 (5) "4" The client is:

129.10 (i) noncompliant with treatment and has no awareness of addiction or mental disorder
129.11 and does not want or is unwilling to explore change or is in total denial of the client's illness
129.12 and its implications; or

512.23 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
512.24 to self and others.

512.25 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
512.26 relapse, continued substance use, and continued problem potential.

512.27 (1) "0" The client recognizes risk well and is able to manage potential problems.

512.28 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
512.29 vulnerability for further substance use or mental health problems.

512.30 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
512.31 issues and displays moderate vulnerability for further substance use or mental health
512.32 problems. The client has some coping skills inconsistently applied.

513.1 (4) "3" The client has poor recognition and understanding of relapse and recidivism
513.2 issues and displays moderately high vulnerability for further substance use or mental health
513.3 problems. The client has few coping skills and rarely applies coping skills.

513.4 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
513.5 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
513.6 issues and displays high vulnerability for further substance use or mental health problems.

513.7 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
513.8 recovery environment.

513.9 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
513.10 significant other, family, and living environment.

513.11 (2) "1" The client has passive social network support or the client's family and significant
513.12 other are not interested in the client's recovery. The client is engaged in structured, meaningful
513.13 activity.

513.14 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
513.15 family, significant other, and living environment are unsupportive, or there is criminal
513.16 justice system involvement by the client or among the client's peers or significant other or
513.17 in the client's living environment.

513.18 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
513.19 family, significant other, and living environment are unsupportive, or there is significant
513.20 criminal justice system involvement.

513.21 (5) "4" The client has:

513.22 (i) a chronically antagonistic significant other, living environment, family, or peer group
513.23 or long-term criminal justice system involvement that is harmful to the client's recovery or
513.24 treatment progress; or

129.13 (ii) dangerously oppositional to the extent that the client is a threat of imminent harm
129.14 to self and others.

129.15 (f) Dimension 5: the vendor must use the criteria in Dimension 5 to determine a client's
129.16 relapse, continued substance use, and continued problem potential.

129.17 (1) "0" The client recognizes risk well and is able to manage potential problems.

129.18 (2) "1" The client recognizes relapse issues and prevention strategies, but displays some
129.19 vulnerability for further substance use or mental health problems.

129.20 (3) "2" The client has minimal recognition and understanding of relapse and recidivism
129.21 issues and displays moderate vulnerability for further substance use or mental health
129.22 problems. The client has some coping skills inconsistently applied.

129.23 (4) "3" The client has poor recognition and understanding of relapse and recidivism
129.24 issues and displays moderately high vulnerability for further substance use or mental health
129.25 problems. The client has few coping skills and rarely applies coping skills.

129.26 (5) "4" The client has no coping skills to arrest mental health or addiction illnesses or
129.27 to prevent relapse. The client has no recognition or understanding of relapse and recidivism
129.28 issues and displays high vulnerability for further substance use or mental health problems.

129.29 (g) Dimension 6: the vendor must use the criteria in Dimension 6 to determine a client's
129.30 recovery environment.

130.1 (1) "0" The client is engaged in structured, meaningful activity and has a supportive
130.2 significant other, family, and living environment.

130.3 (2) "1" The client has passive social network support or the client's family and significant
130.4 other are not interested in the client's recovery. The client is engaged in structured, meaningful
130.5 activity.

130.6 (3) "2" The client is engaged in structured, meaningful activity, but the client's peers,
130.7 family, significant other, and living environment are unsupportive, or there is criminal
130.8 justice system involvement by the client or among the client's peers or significant other or
130.9 in the client's living environment.

130.10 (4) "3" The client is not engaged in structured, meaningful activity and the client's peers,
130.11 family, significant other, and living environment are unsupportive, or there is significant
130.12 criminal justice system involvement.

130.13 (5) "4" The client has:

130.14 (i) a chronically antagonistic significant other, living environment, family, or peer group
130.15 or long-term criminal justice system involvement that is harmful to the client's recovery or
130.16 treatment progress; or

513.25 (ii) an actively antagonistic significant other, family, work, or living environment, with
513.26 an immediate threat to the client's safety and well-being.

513.27 **EFFECTIVE DATE.** This section is effective July 1, 2022.

513.28 Sec. 51. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
513.29 to read:

513.30 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
513.31 health fund, establishes the criteria to be applied by local agencies to determine a client's
514.1 financial eligibility under the behavioral health fund, and determines a client's obligation
514.2 to pay for substance use disorder treatment services.

514.3 **EFFECTIVE DATE.** This section is effective July 1, 2022.

514.4 Sec. 52. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
514.5 to read:

514.6 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
514.7 individuals to conduct administrative activities and facilitate access to substance use disorder
514.8 treatment services.

514.9 **EFFECTIVE DATE.** This section is effective July 1, 2022.

514.10 Sec. 53. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
514.11 to read:

514.12 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
514.13 shall determine a client's financial eligibility for the behavioral health fund according to
514.14 subdivision 1 with the income calculated prospectively for one year from the date of
514.15 comprehensive assessment. The local agency shall pay for eligible clients according to
514.16 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar
514.17 days of request. Client eligibility must be determined using forms prescribed by the
514.18 commissioner. The local agency must determine a client's eligibility as follows:

514.19 (1) The local agency must determine the client's income. A client who is a minor child
514.20 must not be deemed to have income available to pay for substance use disorder treatment,
514.21 unless the minor child is responsible for payment under section 144.347 for substance use
514.22 disorder treatment services sought under section 144.343, subdivision 1.

514.23 (2) The local agency must determine the client's household size according to the
514.24 following:

514.25 (i) If the client is a minor child, the household size includes the following persons living
514.26 in the same dwelling unit:

514.27 (A) the client;

130.17 (ii) an actively antagonistic significant other, family, work, or living environment, with
130.18 an immediate threat to the client's safety and well-being.

130.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.

130.20 Sec. 42. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
130.21 to read:

130.22 Subd. 5. **Scope and applicability.** This section governs administration of the behavioral
130.23 health fund, establishes the criteria to be applied by local agencies to determine a client's
130.24 financial eligibility under the behavioral health fund, and determines a client's obligation
130.25 to pay for substance use disorder treatment services.

130.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.

130.27 Sec. 43. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
130.28 to read:

130.29 Subd. 6. **Local agency responsibility to provide services.** The local agency may employ
130.30 individuals to conduct administrative activities and facilitate access to substance use disorder
130.31 treatment services.

131.1 **EFFECTIVE DATE.** This section is effective July 1, 2022.

131.2 Sec. 44. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
131.3 to read:

131.4 Subd. 7. **Local agency to determine client financial eligibility.** (a) The local agency
131.5 shall determine a client's financial eligibility for the behavioral health fund according to
131.6 subdivision 1 with the income calculated prospectively for one year from the date of
131.7 comprehensive assessment. The local agency shall pay for eligible clients according to
131.8 chapter 256G. The local agency shall enter the financial eligibility span within ten calendar
131.9 days of request. Client eligibility must be determined using forms prescribed by the
131.10 commissioner. The local agency must determine a client's eligibility as follows:

131.11 (1) The local agency must determine the client's income. A client who is a minor child
131.12 must not be deemed to have income available to pay for substance use disorder treatment,
131.13 unless the minor child is responsible for payment under section 144.347 for substance use
131.14 disorder treatment services sought under section 144.343, subdivision 1.

131.15 (2) The local agency must determine the client's household size according to the
131.16 following:

131.17 (i) If the client is a minor child, the household size includes the following persons living
131.18 in the same dwelling unit:

131.19 (A) the client;

514.28 (B) the client's birth or adoptive parents; and
514.29 (C) the client's siblings who are minors.
514.30 (ii) If the client is an adult, the household size includes the following persons living in
514.31 the same dwelling unit:
515.1 (A) the client;
515.2 (B) the client's spouse;
515.3 (C) the client's minor children; and
515.4 (D) the client's spouse's minor children.
515.5 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
515.6 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
515.7 in out-of-home placement.
515.8 (3) The local agency must determine the client's current prepaid health plan enrollment
515.9 and the availability of a third-party payment source, including the availability of total or
515.10 partial payment and the amount of co-payment.
515.11 (4) The local agency must provide the required eligibility information to the commissioner
515.12 in the manner specified by the commissioner.
515.13 (5) The local agency must require the client and policyholder to conditionally assign to
515.14 the department the client's and policyholder's rights and the rights of minor children to
515.15 benefits or services provided to the client if the commissioner is required to collect from a
515.16 third-party payment source.
515.17 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
515.18 every 12 months.
515.19 (c) A client, responsible relative, and policyholder must provide income or wage
515.20 verification and household size verification under paragraph (a), clause (3), and must make
515.21 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
515.22 responsible relative, or policyholder does not comply with this subdivision, the client is
515.23 ineligible for behavioral health fund payment for substance use disorder treatment, and the
515.24 client and responsible relative are obligated to pay the full cost of substance use disorder
515.25 treatment services provided to the client.
515.26 **EFFECTIVE DATE.** This section is effective July 1, 2022.
515.27 Sec. 54. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
515.28 to read:
515.29 Subd. 8. **Client fees.** A client whose household income is within current household size
515.30 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

131.20 (B) the client's birth or adoptive parents; and
131.21 (C) the client's siblings who are minors.
131.22 (ii) If the client is an adult, the household size includes the following persons living in
131.23 the same dwelling unit:
131.24 (A) the client;
131.25 (B) the client's spouse;
131.26 (C) the client's minor children; and
131.27 (D) the client's spouse's minor children.
131.28 (iii) Household size includes a person listed in items (i) and (ii) who is in out-of-home
131.29 placement if a person listed in item (i) or (ii) is contributing to the cost of care of the person
131.30 in out-of-home placement.
132.1 (3) The local agency must determine the client's current prepaid health plan enrollment
132.2 and the availability of a third-party payment source, including the availability of total or
132.3 partial payment and the amount of co-payment.
132.4 (4) The local agency must provide the required eligibility information to the commissioner
132.5 in the manner specified by the commissioner.
132.6 (5) The local agency must require the client and policyholder to conditionally assign to
132.7 the department the client's and policyholder's rights and the rights of minor children to
132.8 benefits or services provided to the client if the commissioner is required to collect from a
132.9 third-party payment source.
132.10 (b) The local agency must redetermine a client's eligibility for the behavioral health fund
132.11 every 12 months.
132.12 (c) A client, responsible relative, and policyholder must provide income or wage
132.13 verification and household size verification under paragraph (a), clause (3), and must make
132.14 an assignment of third-party payment rights under paragraph (a), clause (5). If a client,
132.15 responsible relative, or policyholder does not comply with this subdivision, the client is
132.16 ineligible for behavioral health fund payment for substance use disorder treatment, and the
132.17 client and responsible relative are obligated to pay the full cost of substance use disorder
132.18 treatment services provided to the client.
132.19 **EFFECTIVE DATE.** This section is effective July 1, 2022.
132.20 Sec. 45. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision
132.21 to read:
132.22 Subd. 8. **Client fees.** A client whose household income is within current household size
132.23 and income guidelines for entitled persons as defined in subdivision 1 must pay no fee.

515.31 **EFFECTIVE DATE.** This section is effective July 1, 2022.

516.1 Sec. 55. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision

516.2 to read:

516.3 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the

516.4 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner

516.5 the information required in DAANES in the format specified by the commissioner.

516.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

516.7 Sec. 56. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 1a, is amended

516.8 to read:

516.9 Subd. 1a. **Room and board provider requirements.** (a) Effective January 1, 2000,

516.10 vendors of room and board are eligible for behavioral health fund payment if the vendor:

516.11 (1) has rules prohibiting residents bringing chemicals into the facility or using chemicals

516.12 while residing in the facility and provide consequences for infractions of those rules;

516.13 (2) is determined to meet applicable health and safety requirements;

516.14 (3) is not a jail or prison;

516.15 (4) is not concurrently receiving funds under chapter 256I for the recipient;

516.16 (5) admits individuals who are 18 years of age or older;

516.17 (6) is registered as a board and lodging or lodging establishment according to section

516.18 157.17;

516.19 (7) has awake staff on site 24 hours per day;

516.20 (8) has staff who are at least 18 years of age and meet the requirements of section

516.21 245G.11, subdivision 1, paragraph (b);

516.22 (9) has emergency behavioral procedures that meet the requirements of section 245G.16;

516.23 (10) meets the requirements of section 245G.08, subdivision 5, if administering

516.24 medications to clients;

516.25 (11) meets the abuse prevention requirements of section 245A.65, including a policy on

516.26 fraternization and the mandatory reporting requirements of section 626.557;

516.27 (12) documents coordination with the treatment provider to ensure compliance with

516.28 section 254B.03, subdivision 2;

516.29 (13) protects client funds and ensures freedom from exploitation by meeting the

516.30 provisions of section 245A.04, subdivision 13;

132.24 **EFFECTIVE DATE.** This section is effective July 1, 2022.

132.25 Sec. 46. Minnesota Statutes 2020, section 254B.04, is amended by adding a subdivision

132.26 to read:

132.27 Subd. 9. **Vendor must participate in DAANES.** To be eligible for payment under the

132.28 behavioral health fund, a vendor must participate in DAANES or submit to the commissioner

132.29 the information required in DAANES in the format specified by the commissioner.

132.30 **EFFECTIVE DATE.** This section is effective July 1, 2022.

517.1 (14) has a grievance procedure that meets the requirements of section 245G.15,
517.2 subdivision 2; and

517.3 (15) has sleeping and bathroom facilities for men and women separated by a door that
517.4 is locked, has an alarm, or is supervised by awake staff.

517.5 (b) Programs licensed according to Minnesota Rules, chapter 2960, are exempt from
517.6 paragraph (a), clauses (5) to (15).

517.7 (c) Programs providing children's mental health crisis admissions and stabilization under
517.8 section 245.4882, subdivision 6, are eligible vendors of room and board.

517.9 ~~(e)~~ (d) Licensed programs providing intensive residential treatment services or residential
517.10 crisis stabilization services pursuant to section 256B.0622 or 256B.0624 are eligible vendors
517.11 of room and board and are exempt from paragraph (a), clauses (6) to (15).

517.12 Sec. 57. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
517.13 to read:

517.14 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
517.15 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
517.16 dependency treatment units beyond the capacity funded by direct legislative appropriation
517.17 to serve individuals who are referred for treatment by counties and whose treatment will be
517.18 paid for by funding under this chapter or other funding sources. Notwithstanding the
517.19 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed
517.20 at county request to a regional treatment center under chapter 253B for chemical dependency
517.21 treatment and determined to be ineligible under the behavioral health fund, shall become
517.22 the responsibility of the county.

517.23 Sec. 58. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
517.24 to read:

517.25 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
517.26 use disorder services and service enhancements funded under this chapter.

517.27 (b) Eligible substance use disorder treatment services include:

517.28 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
517.29 ~~245G.17, or applicable tribal license;~~

517.30 (1) outpatient treatment services licensed according to sections 245G.01 to 245G.17, or
517.31 applicable Tribal license, including:

518.1 (i) ASAM 1.0 Outpatient: zero to eight hours per week of skilled treatment services for
518.2 adults and zero to five hours per week for adolescents. Peer recovery and treatment
518.3 coordination may be provided beyond the skilled treatment service hours allowable per
518.4 week; and

133.1 Sec. 47. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 4, is amended
133.2 to read:

133.3 Subd. 4. **Regional treatment centers.** Regional treatment center chemical dependency
133.4 treatment units are eligible vendors. The commissioner may expand the capacity of chemical
133.5 dependency treatment units beyond the capacity funded by direct legislative appropriation
133.6 to serve individuals who are referred for treatment by counties and whose treatment will be
133.7 paid for by funding under this chapter or other funding sources. Notwithstanding the
133.8 provisions of sections 254B.03 to ~~254B.04~~ 254B.04, payment for any person committed
133.9 at county request to a regional treatment center under chapter 253B for chemical dependency
133.10 treatment and determined to be ineligible under the behavioral health fund, shall become
133.11 the responsibility of the county.

133.12 Sec. 48. Minnesota Statutes 2021 Supplement, section 254B.05, subdivision 5, is amended
133.13 to read:

133.14 Subd. 5. **Rate requirements.** (a) The commissioner shall establish rates for substance
133.15 use disorder services and service enhancements funded under this chapter.

133.16 (b) Eligible substance use disorder treatment services include:

133.17 ~~(1) outpatient treatment services that are licensed according to sections 245G.01 to~~
133.18 ~~245G.17, or applicable tribal license;~~

133.19 (1) outpatient treatment services licensed under sections 245G.01 to 245G.17, or
133.20 applicable Tribal license, including:

133.21 (i) ASAM 1.0 outpatient: zero to eight hours per week of skilled treatment services for
133.22 adults and zero to five hours per week for adolescents. Peer recovery and treatment
133.23 coordination may be provided beyond the skilled treatment service hours allowable per
133.24 week; and

518.5 (ii) ASAM 2.1 Intensive Outpatient: nine or more hours per week of skilled treatment
 518.6 services for adults and six or more hours per week for adolescents in accordance with the
 518.7 limitations in paragraph (h). Peer recovery and treatment coordination may be provided
 518.8 beyond the skilled treatment service hours allowable per week;

518.9 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
 518.10 and 245G.05;

518.11 (3) care coordination services provided according to section 245G.07, subdivision 1,
 518.12 paragraph (a), clause (5);

518.13 (4) peer recovery support services provided according to section 245G.07, subdivision
 518.14 2, clause (8);

518.15 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
 518.16 services provided according to chapter 245F;

518.17 (6) ~~medication-assisted therapy services that are~~ substance use disorder treatment with
 518.18 medication for opioid use disorders provided in an opioid treatment program that is licensed
 518.19 according to sections 245G.01 to 245G.17 and 245G.22, or applicable tribal license;

518.20 ~~(7) medication-assisted therapy plus enhanced treatment services that meet the~~
 518.21 ~~requirements of clause (6) and provide nine hours of clinical services each week;~~

518.22 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed
 518.23 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license which
 518.24 provide, respectively, 30, 15, and five hours of clinical services each week;

518.25 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
 518.26 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
 518.27 144.56;

518.28 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
 518.29 according to sections 245G.01 to 245G.18 or as residential treatment programs according
 518.30 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
 518.31 applicable tribal license;

519.1 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to
 519.2 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, which provide 30
 519.3 hours of clinical services each week provided by a state-operated vendor or to clients who
 519.4 have been civilly committed to the commissioner, present the most complex and difficult
 519.5 care needs, and are a potential threat to the community; and

133.25 (ii) ASAM 2.1 intensive outpatient: nine or more hours per week of skilled treatment
 133.26 services for adults and six or more hours per week for adolescents in accordance with the
 133.27 limitations in paragraph (h). Peer recovery and treatment coordination may be provided
 133.28 beyond the skilled treatment service hours allowable per week;

133.29 (2) comprehensive assessments provided according to sections 245.4863, paragraph (a),
 133.30 and 245G.05;

133.31 (3) ~~care~~treatment coordination services provided according to section 245G.07,
 133.32 subdivision 1, paragraph (a), clause (5);

134.1 (4) peer recovery support services provided according to section 245G.07, subdivision
 134.2 2, clause (8);

134.3 (5) on July 1, 2019, or upon federal approval, whichever is later, withdrawal management
 134.4 services provided according to chapter 245F;

134.5 (6) medication-assisted therapy services that are licensed according to sections 245G.01
 134.6 to 245G.17 and 245G.22, or applicable tribal license;

134.7 ~~(7) medication-assisted therapy plus enhanced treatment services that meet the~~
 134.8 ~~requirements of clause (6) and provide nine hours of clinical services each week;~~

134.9 ~~(8)~~ (7) high, medium, and low intensity residential treatment services that are licensed
 134.10 according to sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license ~~which that~~
 134.11 provide, respectively, 30, 15, and five hours of clinical services each treatment week. For
 134.12 purposes of this section, residential treatment services provided by a program that meets
 134.13 the American Society of Addiction Medicine (ASAM) level 3.3 standards for care, must
 134.14 be considered high intensity, including when the program makes and appropriately documents
 134.15 clinically supported modifications to, or reductions in, the hours of services provided to
 134.16 better meet the needs of individuals with cognitive deficits;

134.17 ~~(9)~~ (8) hospital-based treatment services that are licensed according to sections 245G.01
 134.18 to 245G.17 or applicable tribal license and licensed as a hospital under sections 144.50 to
 134.19 144.56;

134.20 ~~(10)~~ (9) adolescent treatment programs that are licensed as outpatient treatment programs
 134.21 according to sections 245G.01 to 245G.18 or as residential treatment programs according
 134.22 to Minnesota Rules, parts 2960.0010 to 2960.0220, and 2960.0430 to 2960.0490, or
 134.23 applicable tribal license;

134.24 ~~(11)~~ (10) high-intensity residential treatment services that are licensed according to
 134.25 sections 245G.01 to 245G.17 and 245G.21 or applicable tribal license, ~~which that~~ provide
 134.26 30 hours of clinical services each week provided by a state-operated vendor or to clients
 134.27 who have been civilly committed to the commissioner, present the most complex and difficult
 134.28 care needs, and are a potential threat to the community; and

519.6 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

519.7 (c) The commissioner shall establish higher rates for programs that meet the requirements

519.8 of paragraph (b) and one of the following additional requirements:

519.9 (1) programs that serve parents with their children if the program:

519.10 (i) provides on-site child care during the hours of treatment activity that:

519.11 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter

519.12 9503; or

519.13 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph

519.14 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

519.15 (ii) arranges for off-site child care during hours of treatment activity at a facility that is

519.16 licensed under chapter 245A as:

519.17 (A) a child care center under Minnesota Rules, chapter 9503; or

519.18 (B) a family child care home under Minnesota Rules, chapter 9502;

519.19 (2) culturally specific or culturally responsive programs as defined in section 254B.01,

519.20 subdivision 4a;

519.21 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

519.22 (4) programs that offer medical services delivered by appropriately credentialed health

519.23 care staff in an amount equal to two hours per client per week if the medical needs of the

519.24 client and the nature and provision of any medical services provided are documented in the

519.25 client file; or

519.26 (5) programs that offer services to individuals with co-occurring mental health and

519.27 chemical dependency problems if:

519.28 (i) the program meets the co-occurring requirements in section 245G.20;

519.29 (ii) 25 percent of the counseling staff are licensed mental health professionals, as defined

519.30 in section 245.462, subdivision 18, clauses (1) to (6), or are students or licensing candidates

519.31 under the supervision of a licensed alcohol and drug counselor supervisor and licensed

520.1 mental health professional, except that no more than 50 percent of the mental health staff

520.2 may be students or licensing candidates with time documented to be directly related to

520.3 provisions of co-occurring services;

520.4 (iii) clients scoring positive on a standardized mental health screen receive a mental

520.5 health diagnostic assessment within ten days of admission;

134.29 ~~(12)~~ (11) room and board facilities that meet the requirements of subdivision 1a.

134.30 (c) The commissioner shall establish higher rates for programs that meet the requirements

134.31 of paragraph (b) and one of the following additional requirements:

134.32 (1) programs that serve parents with their children if the program:

135.1 (i) provides on-site child care during the hours of treatment activity that:

135.2 (A) is licensed under chapter 245A as a child care center under Minnesota Rules, chapter

135.3 9503; or

135.4 (B) meets the licensure exclusion criteria of section 245A.03, subdivision 2, paragraph

135.5 (a), clause (6), and meets the requirements under section 245G.19, subdivision 4; or

135.6 (ii) arranges for off-site child care during hours of treatment activity at a facility that is

135.7 licensed under chapter 245A as:

135.8 (A) a child care center under Minnesota Rules, chapter 9503; or

135.9 (B) a family child care home under Minnesota Rules, chapter 9502;

135.10 (2) culturally specific or culturally responsive programs as defined in section 254B.01,

135.11 subdivision 4a;

135.12 (3) disability responsive programs as defined in section 254B.01, subdivision 4b;

135.13 (4) programs that offer medical services delivered by appropriately credentialed health

135.14 care staff in an amount equal to two hours per client per week if the medical needs of the

135.15 client and the nature and provision of any medical services provided are documented in the

135.16 client file; or

135.17 (5) programs that offer services to individuals with co-occurring mental health and

135.18 chemical dependency problems if:

135.19 (i) the program meets the co-occurring requirements in section 245G.20;

135.20 (ii) 25 percent of the program employs sufficient counseling staff, including at least one

135.21 full-time equivalent staff member, who are licensed mental health professionals, as defined

135.22 in section 245.462, subdivision 18, clauses (1) to (6) under section 245I.04, subdivision 2,

135.23 or are students or licensing candidates under the supervision of a licensed alcohol and drug

135.24 counselor supervisor and licensed mental health professional under section 245I.04,

135.25 subdivision 2, except that no more than 50 percent of the mental health staff may be students

135.26 or licensing candidates with time documented to be directly related to provisions of

135.27 co-occurring to meet the need for client services;

135.28 (iii) clients scoring positive on a standardized mental health screen receive a mental

135.29 health diagnostic assessment within ten days of admission;

520.6 (iv) the program has standards for multidisciplinary case review that include a monthly
 520.7 review for each client that, at a minimum, includes a licensed mental health professional
 520.8 and licensed alcohol and drug counselor, and their involvement in the review is documented;

520.9 (v) family education is offered that addresses mental health and substance abuse disorders
 520.10 and the interaction between the two; and

520.11 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
 520.12 training annually.

520.13 (d) In order to be eligible for a higher rate under paragraph (c), clause (1), a program
 520.14 that provides arrangements for off-site child care must maintain current documentation at
 520.15 the chemical dependency facility of the child care provider's current licensure to provide
 520.16 child care services. Programs that provide child care according to paragraph (c), clause (1),
 520.17 must be deemed in compliance with the licensing requirements in section 245G.19.

520.18 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
 520.19 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
 520.20 in paragraph (c), clause (4), items (i) to (iv).

520.21 (f) Subject to federal approval, substance use disorder services that are otherwise covered
 520.22 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
 520.23 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
 520.24 the condition and needs of the person being served. Reimbursement shall be at the same
 520.25 rates and under the same conditions that would otherwise apply to direct face-to-face services.

520.26 (g) For the purpose of reimbursement under this section, substance use disorder treatment
 520.27 services provided in a group setting without a group participant maximum or maximum
 520.28 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
 520.29 At least one of the attending staff must meet the qualifications as established under this
 520.30 chapter for the type of treatment service provided. A recovery peer may not be included as
 520.31 part of the staff ratio.

521.1 (h) Payment for outpatient substance use disorder services that are licensed according
 521.2 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
 521.3 prior authorization of a greater number of hours is obtained from the commissioner.

521.4 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 521.5 whichever is later. The commissioner of human services shall notify the revisor of statutes
 521.6 when federal approval is obtained.

135.30 (iv) the program has standards for multidisciplinary case review that include a monthly
 135.31 review for each client that, at a minimum, includes a licensed mental health professional
 135.32 and licensed alcohol and drug counselor, and their involvement in the review is documented;

136.1 (v) family education is offered that addresses mental health and substance abuse disorders
 136.2 and the interaction between the two; and

136.3 (vi) co-occurring counseling staff shall receive eight hours of co-occurring disorder
 136.4 training annually.

136.5 (d) In order to ~~To~~ be eligible for a higher rate under paragraph (c), clause (1), a program
 136.6 that provides arrangements for off-site child care must maintain current documentation at
 136.7 the chemical dependency facility of the child care provider's current licensure to provide
 136.8 child care services. Programs that provide child care according to paragraph (c), clause (1),
 136.9 must be deemed in compliance with the licensing requirements in section 245G.19.

136.10 (e) Adolescent residential programs that meet the requirements of Minnesota Rules,
 136.11 parts 2960.0430 to 2960.0490 and 2960.0580 to 2960.0690, are exempt from the requirements
 136.12 in paragraph (c), clause (4), items (i) to (iv).

136.13 (f) Subject to federal approval, substance use disorder services that are otherwise covered
 136.14 as direct face-to-face services may be provided via telehealth as defined in section 256B.0625,
 136.15 subdivision 3b. The use of telehealth to deliver services must be medically appropriate to
 136.16 the condition and needs of the person being served. Reimbursement shall be at the same
 136.17 rates and under the same conditions that would otherwise apply to direct face-to-face services.

136.18 (g) For the purpose of reimbursement under this section, substance use disorder treatment
 136.19 services provided in a group setting without a group participant maximum or maximum
 136.20 client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one.
 136.21 At least one of the attending staff must meet the qualifications as established under this
 136.22 chapter for the type of treatment service provided. A recovery peer may not be included as
 136.23 part of the staff ratio.

136.24 (h) Payment for outpatient substance use disorder services that are licensed according
 136.25 to sections 245G.01 to 245G.17 is limited to six hours per day or 30 hours per week unless
 136.26 prior authorization of a greater number of hours is obtained from the commissioner.

136.27 (i) Programs using a qualified guest speaker must maintain documentation of the person's
 136.28 qualifications to present to clients on a topic the program has determined to be of value to
 136.29 its clients. The guest speaker must present less than half of any treatment group. A qualified
 136.30 counselor must be present during the delivery of content and must be responsible for
 136.31 documentation of the group.

137.1 **EFFECTIVE DATE.** This section is effective July 1, 2022, or upon federal approval,
 137.2 whichever is later. The commissioner of human services shall notify the revisor of statutes
 137.3 when federal approval is obtained.

THE BELOW SECTION IS FROM S4025-3, WHICH HAS PASSED IN BOTH CHAMBERS.

S4025-3

521.7 Sec. 59. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

521.8 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic

521.9 Response Advisory Council is established to develop and implement a comprehensive and

521.10 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

521.11 The council shall focus on:

521.12 (1) prevention and education, including public education and awareness for adults and

521.13 youth, prescriber education, the development and sustainability of opioid overdose prevention

521.14 and education programs, the role of adult protective services in prevention and response,

521.15 and providing financial support to local law enforcement agencies for opiate antagonist

521.16 programs;

521.17 (2) training on the treatment of opioid addiction, including the use of all Food and Drug

521.18 Administration approved opioid addiction medications, detoxification, relapse prevention,

521.19 patient assessment, individual treatment planning, counseling, recovery supports, diversion

521.20 control, and other best practices;

521.21 (3) the expansion and enhancement of a continuum of care for opioid-related substance

521.22 use disorders, including primary prevention, early intervention, treatment, recovery, and

521.23 aftercare services; and

521.24 (4) the development of measures to assess and protect the ability of cancer patients and

521.25 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic

521.26 pain, and persons at the end stages of life, who legitimately need prescription pain

521.27 medications, to maintain their quality of life by accessing these pain medications without

521.28 facing unnecessary barriers. The measures must also address the needs of individuals

521.29 described in this clause who are elderly or who reside in underserved or rural areas of the

521.30 state.

521.31 (b) The council shall:

522.1 (1) review local, state, and federal initiatives and activities related to education,

522.2 prevention, treatment, and services for individuals and families experiencing and affected

522.3 by opioid use disorder;

522.4 (2) establish priorities to address the state's opioid epidemic, for the purpose of

522.5 recommending initiatives to fund;

522.6 (3) recommend to the commissioner of human services specific projects and initiatives

522.7 to be funded;

5.17 Sec. 4. Minnesota Statutes 2020, section 256.042, subdivision 1, is amended to read:

5.18 Subdivision 1. **Establishment of the advisory council.** (a) The Opiate Epidemic

5.19 Response Advisory Council is established to develop and implement a comprehensive and

5.20 effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

5.21 The council shall focus on:

5.22 (1) prevention and education, including public education and awareness for adults and

5.23 youth, prescriber education, the development and sustainability of opioid overdose prevention

5.24 and education programs, the role of adult protective services in prevention and response,

5.25 and providing financial support to local law enforcement agencies for opiate antagonist

5.26 programs;

5.27 (2) training on the treatment of opioid addiction, including the use of all Food and Drug

5.28 Administration approved opioid addiction medications, detoxification, relapse prevention,

5.29 patient assessment, individual treatment planning, counseling, recovery supports, diversion

5.30 control, and other best practices;

5.31 (3) the expansion and enhancement of a continuum of care for opioid-related substance

5.32 use disorders, including primary prevention, early intervention, treatment, recovery, and

5.33 aftercare services; and

6.1 (4) the development of measures to assess and protect the ability of cancer patients and

6.2 survivors, persons battling life-threatening illnesses, persons suffering from severe chronic

6.3 pain, and persons at the end stages of life, who legitimately need prescription pain

6.4 medications, to maintain their quality of life by accessing these pain medications without

6.5 facing unnecessary barriers. The measures must also address the needs of individuals

6.6 described in this clause who are elderly or who reside in underserved or rural areas of the

6.7 state.

6.8 (b) The council shall:

6.9 (1) review local, state, and federal initiatives and activities related to education,

6.10 prevention, treatment, and services for individuals and families experiencing and affected

6.11 by opioid use disorder;

6.12 (2) establish priorities to address the state's opioid epidemic, for the purpose of

6.13 recommending initiatives to fund;

6.14 (3) recommend to the commissioner of human services specific projects and initiatives

6.15 to be funded;

522.8 (4) ensure that available funding is allocated to align with other state and federal funding,
 522.9 to achieve the greatest impact and ensure a coordinated state effort;

522.10 (5) consult with the commissioners of human services, health, and management and
 522.11 budget to develop measurable outcomes to determine the effectiveness of funds allocated;
 522.12 ~~and~~

522.13 (6) develop recommendations for an administrative and organizational framework for
 522.14 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate
 522.15 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid
 522.16 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph
 522.17 (a);

522.18 (7) review reports, data, and performance measures submitted by municipalities, as
 522.19 defined in section 466.01, subdivision 1, in receipt of direct payments from settlement
 522.20 agreements, as described in section 256.043, subdivision 4; and

522.21 (8) consult with relevant stakeholders, including lead agencies and municipalities, to
 522.22 review and provide recommendations for necessary revisions to required reporting to ensure
 522.23 the reporting reflects measures of progress in addressing the harms of the opioid epidemic.

522.24 (c) The council, in consultation with the commissioner of management and budget, and
 522.25 within available appropriations, shall select from the awarded grants projects or may select
 522.26 municipality projects funded by settlement monies as described in section 256.043,
 522.27 subdivision 4, that include promising practices or theory-based activities for which the
 522.28 commissioner of management and budget shall conduct evaluations using experimental or
 522.29 quasi-experimental design. Grants awarded to proposals or municipality projects funded by
 522.30 settlement monies that include promising practices or theory-based activities and that are
 522.31 selected for an evaluation shall be administered to support the experimental or
 522.32 quasi-experimental evaluation and require grantees and municipality projects to collect and
 522.33 report information that is needed to complete the evaluation. The commissioner of
 523.1 management and budget, under section 15.08, may obtain additional relevant data to support
 523.2 the experimental or quasi-experimental evaluation studies. For the purposes of this paragraph,
 523.3 "municipality" has the meaning given in section 466.01, subdivision 1.

523.4 (d) The council, in consultation with the commissioners of human services, health, public
 523.5 safety, and management and budget, shall establish goals related to addressing the opioid
 523.6 epidemic and determine a baseline against which progress shall be monitored and set
 523.7 measurable outcomes, including benchmarks. The goals established must include goals for
 523.8 prevention and public health, access to treatment, and multigenerational impacts. The council
 523.9 shall use existing measures and data collection systems to determine baseline data against
 523.10 which progress shall be measured. The council shall include the proposed goals, the
 523.11 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to
 523.12 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

6.16 (4) ensure that available funding is allocated to align with other state and federal funding,
 6.17 to achieve the greatest impact and ensure a coordinated state effort;

6.18 (5) consult with the commissioners of human services, health, and management and
 6.19 budget to develop measurable outcomes to determine the effectiveness of funds allocated;
 6.20 ~~and~~

6.21 (6) develop recommendations for an administrative and organizational framework for
 6.22 the allocation, on a sustainable and ongoing basis, of any money deposited into the separate
 6.23 account under section 16A.151, subdivision 2, paragraph (f), in order to address the opioid
 6.24 abuse and overdose epidemic in Minnesota and the areas of focus specified in paragraph
 6.25 (a);

6.26 (7) review reports, data, and performance measures submitted by municipalities under
 6.27 subdivision 5; and

6.28 (8) consult with relevant stakeholders, including lead agencies and municipalities, to
 6.29 review and provide recommendations for necessary revisions to the reporting requirements
 6.30 under subdivision 5 to ensure that the required reporting accurately measures progress in
 6.31 addressing the harms of the opioid epidemic.

6.32 (c) The council, in consultation with the commissioner of management and budget, and
 6.33 within available appropriations, shall select from the projects awarded grants projects under
 7.1 section 256.043, subdivisions 3 and 3a, and municipality projects funded by direct payments
 7.2 received as part of a statewide opioid settlement agreement, that include promising practices
 7.3 or theory-based activities for which the commissioner of management and budget shall
 7.4 conduct evaluations using experimental or quasi-experimental design. Grants awarded to
 7.5 Grant proposals and municipality projects that include promising practices or theory-based
 7.6 activities and that are selected for an evaluation shall be administered to support the
 7.7 experimental or quasi-experimental evaluation and require. Grantees to and municipalities
 7.8 shall collect and report information that is needed to complete the evaluation. The
 7.9 commissioner of management and budget, under section 15.08, may obtain additional
 7.10 relevant data to support the experimental or quasi-experimental evaluation studies.

7.11 (d) The council, in consultation with the commissioners of human services, health, public
 7.12 safety, and management and budget, shall establish goals related to addressing the opioid
 7.13 epidemic and determine a baseline against which progress shall be monitored and set
 7.14 measurable outcomes, including benchmarks. The goals established must include goals for
 7.15 prevention and public health, access to treatment, and multigenerational impacts. The council
 7.16 shall use existing measures and data collection systems to determine baseline data against
 7.17 which progress shall be measured. The council shall include the proposed goals, the
 7.18 measurable outcomes, and proposed benchmarks to meet these goals in its initial report to
 7.19 the legislature under subdivision 5, paragraph (a), due January 31, 2021.

523.13 Sec. 60. Minnesota Statutes 2020, section 256.042, subdivision 2, is amended to read:

523.14 Subd. 2. **Membership.** (a) The council shall consist of the following ~~19~~ 30 voting
523.15 members, appointed by the commissioner of human services except as otherwise specified,
523.16 and three nonvoting members;

523.17 (1) two members of the house of representatives, appointed in the following sequence:
523.18 the first from the majority party appointed by the speaker of the house and the second from
523.19 the minority party appointed by the minority leader. Of these two members, one member
523.20 must represent a district outside of the seven-county metropolitan area, and one member
523.21 must represent a district that includes the seven-county metropolitan area. The appointment
523.22 by the minority leader must ensure that this requirement for geographic diversity in
523.23 appointments is met;

523.24 (2) two members of the senate, appointed in the following sequence: the first from the
523.25 majority party appointed by the senate majority leader and the second from the minority
523.26 party appointed by the senate minority leader. Of these two members, one member must
523.27 represent a district outside of the seven-county metropolitan area and one member must
523.28 represent a district that includes the seven-county metropolitan area. The appointment by
523.29 the minority leader must ensure that this requirement for geographic diversity in appointments
523.30 is met;

523.31 (3) one member appointed by the Board of Pharmacy;

523.32 (4) one member who is a physician appointed by the Minnesota Medical Association;

524.1 (5) one member representing opioid treatment programs, sober living programs, or
524.2 substance use disorder programs licensed under chapter 245G;

524.3 (6) one member appointed by the Minnesota Society of Addiction Medicine who is an
524.4 addiction psychiatrist;

524.5 (7) one member representing professionals providing alternative pain management
524.6 therapies, including, but not limited to, acupuncture, chiropractic, or massage therapy;

524.7 (8) one member representing nonprofit organizations conducting initiatives to address
524.8 the opioid epidemic, with the commissioner's initial appointment being a member
524.9 representing the Steve Rummeler Hope Network, and subsequent appointments representing
524.10 this or other organizations;

524.11 (9) one member appointed by the Minnesota Ambulance Association who is serving
524.12 with an ambulance service as an emergency medical technician, advanced emergency
524.13 medical technician, or paramedic;

524.14 (10) one member representing the Minnesota courts who is a judge or law enforcement
524.15 officer;

524.16 (11) one public member who is a Minnesota resident and who is in opioid addiction
524.17 recovery;

524.18 (12) ~~two~~ 11 members representing Indian tribes, one representing the Ojibwe tribes and
524.19 ~~one representing the Dakota tribes~~ each of Minnesota's Tribal Nations;

524.20 (13) two members representing the urban American Indian population;

524.21 ~~(13)~~ (14) one public member who is a Minnesota resident and who is suffering from
524.22 chronic pain, intractable pain, or a rare disease or condition;

524.23 ~~(14)~~ (15) one mental health advocate representing persons with mental illness;

524.24 ~~(15)~~ (16) one member appointed by the Minnesota Hospital Association;

524.25 ~~(16)~~ (17) one member representing a local health department; and

524.26 ~~(17)~~ (18) the commissioners of human services, health, and corrections, or their designees,
524.27 who shall be ex officio nonvoting members of the council.

524.28 (b) The commissioner of human services shall coordinate the commissioner's
524.29 appointments to provide geographic, racial, and gender diversity, and shall ensure that at
524.30 least one-half of council members appointed by the commissioner reside outside of the
524.31 seven-county metropolitan area and that at least one-half of the members have lived
525.1 experience with opiate addiction. Of the members appointed by the commissioner, to the
525.2 extent practicable, at least one member must represent a community of color
525.3 disproportionately affected by the opioid epidemic.

525.4 (c) The council is governed by section 15.059, except that members of the council shall
525.5 serve three-year terms and shall receive no compensation other than reimbursement for
525.6 expenses. Notwithstanding section 15.059, subdivision 6, the council shall not expire.

525.7 (d) The chair shall convene the council at least quarterly, and may convene other meetings
525.8 as necessary. The chair shall convene meetings at different locations in the state to provide
525.9 geographic access, and shall ensure that at least one-half of the meetings are held at locations
525.10 outside of the seven-county metropolitan area.

525.11 (e) The commissioner of human services shall provide staff and administrative services
525.12 for the advisory council.

525.13 (f) The council is subject to chapter 13D.

525.14 Sec. 61. Minnesota Statutes 2021 Supplement, section 256.042, subdivision 4, is amended
525.15 to read:

525.16 Subd. 4. **Grants.** (a) The commissioner of human services shall submit a report of the
525.17 grants proposed by the advisory council to be awarded for the upcoming calendar year to
525.18 the chairs and ranking minority members of the legislative committees with jurisdiction

SECTION 256.042, SUBD. 4 IS ALSO AMENDED BY S4025-3, SECTION 5 WHICH HAS PASSED IN BOTH CHAMBERS, BUT THAT SECTION MATCHES WITH HOUSE ARTICLE 20. SENATE ARTICLE 16, SECTION 17 AMENDS THE SAME STATUTE AS WELL BUT IS NOT SUBSTANTIVELY SIMILAR.

525.19 over health and human services policy and finance, by December 1 of each year, beginning
525.20 March 1, 2020.

525.21 (b) The grants shall be awarded to proposals selected by the advisory council that address
525.22 the priorities in subdivision 1, paragraph (a), clauses (1) to (4), unless otherwise appropriated
525.23 by the legislature. The advisory council shall determine grant awards and funding amounts
525.24 based on the funds appropriated to the commissioner under section 256.043, subdivision 3,
525.25 paragraph (e). The commissioner shall award the grants from the opiate epidemic response
525.26 fund and administer the grants in compliance with section 16B.97. No more than ten percent
525.27 of the grant amount may be used by a grantee for administration. The commissioner must
525.28 award at least 40 percent of grants to projects that include a focus on addressing the opiate
525.29 crisis in Black and Indigenous communities and communities of color.

525.30 Sec. 62. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

525.31 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
525.32 minority members of the legislative committees with jurisdiction over health and human
526.1 services policy and finance by January 31 of each year, ~~beginning January 31, 2021.~~ The
526.2 report shall include information about the individual projects that receive grants, the
526.3 municipality projects funded by settlement monies as described in section 256.043,
526.4 subdivision 4, and the overall role of the ~~project projects~~ in addressing the opioid addiction
526.5 and overdose epidemic in Minnesota. The report must describe the grantees and the activities
526.6 implemented, along with measurable outcomes as determined by the council in consultation
526.7 with the commissioner of human services and the commissioner of management and budget.
526.8 At a minimum, the report must include information about the number of individuals who
526.9 received information or treatment, the outcomes the individuals achieved, and demographic
526.10 information about the individuals participating in the project; an assessment of the progress
526.11 toward achieving statewide access to qualified providers and comprehensive treatment and
526.12 recovery services; and an update on the evaluations implemented by the commissioner of
526.13 management and budget for the promising practices and theory-based projects that receive
526.14 funding.

526.15 (b) The commissioner of management and budget, in consultation with the Opiate
526.16 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
526.17 members of the legislative committees with jurisdiction over health and human services
526.18 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
526.19 complete on the promising practices or theory-based projects that are selected for evaluation
526.20 activities. The report shall include demographic information; outcome information for the
526.21 individuals in the program; the results for the program in promoting recovery, employment,
526.22 family reunification, and reducing involvement with the criminal justice system; and other
526.23 relevant outcomes determined by the commissioner of management and budget that are

THE BELOW SECTION IS FROM S4025-3, WHICH HAS PASSED IN BOTH CHAMBERS. SENATE ARTICLE 16, SECTION 18 AMENDS THE SAME STATUTE AS BELOW BUT IS NOT SUBSTANTIVELY SIMILAR.

8.2 Sec. 6. Minnesota Statutes 2020, section 256.042, subdivision 5, is amended to read:

8.3 Subd. 5. **Reports.** (a) The advisory council shall report annually to the chairs and ranking
8.4 minority members of the legislative committees with jurisdiction over health and human
8.5 services policy and finance by January 31 of each year, ~~beginning January 31, 2021.~~ The
8.6 report shall include information about the individual projects that receive grants, the
8.7 municipality projects funded by direct payments received as part of a statewide opioid
8.8 settlement agreement, and the overall role of the project in addressing the opioid addiction
8.9 and overdose epidemic in Minnesota. The report must describe the grantees and
8.10 municipalities and the activities implemented, along with measurable outcomes as determined
8.11 by the council in consultation with the commissioner of human services and the commissioner
8.12 of management and budget. At a minimum, the report must include information about the
8.13 number of individuals who received information or treatment, the outcomes the individuals
8.14 achieved, and demographic information about the individuals participating in the project;
8.15 an assessment of the progress toward achieving statewide access to qualified providers and
8.16 comprehensive treatment and recovery services; and an update on the evaluations
8.17 implemented by the commissioner of management and budget for the promising practices
8.18 and theory-based projects that receive funding.

8.19 (b) The commissioner of management and budget, in consultation with the Opiate
8.20 Epidemic Response Advisory Council, shall report to the chairs and ranking minority
8.21 members of the legislative committees with jurisdiction over health and human services
8.22 policy and finance when an evaluation study described in subdivision 1, paragraph (c), is
8.23 complete on the promising practices or theory-based projects that are selected for evaluation
8.24 activities. The report shall include demographic information; outcome information for the
8.25 individuals in the program; the results for the program in promoting recovery, employment,
8.26 family reunification, and reducing involvement with the criminal justice system; and other
8.27 relevant outcomes determined by the commissioner of management and budget that are

526.24 specific to the projects that are evaluated. The report shall include information about the
526.25 ability of grant programs to be scaled to achieve the statewide results that the grant project
526.26 demonstrated.

526.27 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
526.28 by January 31, 2024, shall include recommendations on whether the appropriations to the
526.29 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
526.30 discontinued; whether funding should be appropriated for other purposes related to opioid
526.31 abuse prevention, education, and treatment; and on the appropriate level of funding for
526.32 existing and new uses.

526.33 (d) Municipalities receiving direct payments for settlement agreements as described in
526.34 section 256.043, subdivision 4, must annually report to the commissioner on how the funds
526.35 were used on opioid remediation. The report must be submitted in a format prescribed by
527.1 the commissioner. The report must include data and measurable outcomes on expenditures
527.2 funded with opioid settlement funds, as identified by the commissioner, including details
527.3 on services drawn from the categories of approved uses, as identified in agreements between
527.4 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota
527.5 Cities. Minimum reporting requirements must include:

- 527.6 (1) contact information;
- 527.7 (2) information on funded services and programs; and
- 527.8 (3) target populations for each funded service and program.

527.9 (e) In reporting data and outcomes under paragraph (d), municipalities should include
527.10 information on the use of evidence-based and culturally relevant services, to the extent
527.11 feasible.

527.12 (f) Reporting requirements for municipal projects using \$25,000 or more of settlement
527.13 funds in a calendar year must also include:

- 527.14 (1) a brief qualitative description of successes or challenges; and
- 527.15 (2) results using process and quality measures.

527.16 (g) For the purposes of this subdivision, "municipality" or "municipalities" has the
527.17 meaning given in section 466.01, subdivision 1.

8.28 specific to the projects that are evaluated. The report shall include information about the
8.29 ability of grant programs to be scaled to achieve the statewide results that the grant project
8.30 demonstrated.

8.31 (c) The advisory council, in its annual report to the legislature under paragraph (a) due
8.32 by January 31, 2024, shall include recommendations on whether the appropriations to the
8.33 specified entities under Laws 2019, chapter 63, should be continued, adjusted, or
8.34 discontinued; whether funding should be appropriated for other purposes related to opioid
9.1 abuse prevention, education, and treatment; and on the appropriate level of funding for
9.2 existing and new uses.

9.3 (d) Municipalities receiving direct payments from a statewide opioid settlement agreement
9.4 must report annually to the commissioner of human services on how the payments were
9.5 used on opioid remediation. The report must be submitted in a format prescribed by the
9.6 commissioner. The report must include data and measurable outcomes on expenditures
9.7 funded with direct payments from a statewide opioid settlement agreement, including details
9.8 on services listed in the categories of approved uses, as identified in agreements between
9.9 the state of Minnesota, the Association of Minnesota Counties, and the League of Minnesota
9.10 Cities. Reporting requirements must include, at a minimum:

- 9.11 (1) contact information;
- 9.12 (2) information on funded services and programs; and
- 9.13 (3) target populations for each funded service and program.

9.14 (e) In reporting data and outcomes under paragraph (d), municipalities must include, to
9.15 the extent feasible, information on the use of evidence-based and culturally relevant services.

9.16 (f) For municipal projects using \$25,000 or more of statewide opioid settlement agreement
9.17 payments in a calendar year, municipalities must also include in the report required under
9.18 paragraph (d):

- 9.19 (1) a brief qualitative description of successes or challenges; and
- 9.20 (2) results using process and quality measures.

9.21 **EFFECTIVE DATE.** This section is effective the day following final enactment.

527.18 Sec. 63. Minnesota Statutes 2021 Supplement, section 256B.0625, subdivision 5m, is
527.19 amended to read:

527.20 Subd. 5m. **Certified community behavioral health clinic services.** (a) Medical
527.21 assistance covers services provided by a not-for-profit certified community behavioral health
527.22 clinic (CCBHC) ~~services that meet~~ meets the requirements of section 245.735, subdivision
527.23 ~~3.~~

527.24 (b) The commissioner shall reimburse CCBHCs on a ~~per visit per-day~~ per-day basis ~~under the~~
527.25 ~~prospective payment~~ for each day that an eligible service is delivered using the CCBHC
527.26 daily bundled rate system for medical assistance payments as described in paragraph (c).
527.27 The commissioner shall include a quality incentive payment in the ~~prospective payment~~
527.28 CCBHC daily bundled rate system as described in paragraph (c). There is no county share
527.29 for medical assistance services when reimbursed through the CCBHC ~~prospective payment~~
527.30 daily bundled rate system.

527.31 (c) The commissioner shall ensure that the ~~prospective payment~~ CCBHC daily bundled
527.32 rate system for CCBHC payments under medical assistance meets the following requirements:

528.1 (1) the ~~prospective payment~~ CCBHC daily bundled rate shall be a provider-specific rate
528.2 calculated for each CCBHC, based on the daily cost of providing CCBHC services and the
528.3 total annual allowable CCBHC costs for CCBHCs divided by the total annual number of
528.4 CCBHC visits. For calculating the payment rate, total annual visits include visits covered
528.5 by medical assistance and visits not covered by medical assistance. Allowable costs include
528.6 but are not limited to the salaries and benefits of medical assistance providers; the cost of
528.7 CCBHC services provided under section 245.735, subdivision 3, paragraph (a), clauses (6)
528.8 and (7); and other costs such as insurance or supplies needed to provide CCBHC services;

528.9 (2) payment shall be limited to one payment per day per medical assistance enrollee ~~for~~
528.10 ~~each~~ when an eligible CCBHC visit eligible for reimbursement service is provided. A
528.11 CCBHC visit is eligible for reimbursement if at least one of the CCBHC services listed
528.12 under section 245.735, subdivision 3, paragraph (a), clause (6), is furnished to a medical
528.13 assistance enrollee by a health care practitioner or licensed agency employed by or under
528.14 contract with a CCBHC;

528.15 (3) ~~new payment~~ initial CCBHC daily bundled rates set by the commissioner for newly
528.16 certified CCBHCs under section 245.735, subdivision 3, shall be based on rates for
528.17 established CCBHCs with a similar scope of services. If no comparable CCBHC exists, the
528.18 commissioner shall establish a clinic-specific rate using audited historical cost report data
528.19 adjusted for the estimated cost of delivering CCBHC services, including the estimated cost
528.20 of providing the full scope of services and the projected change in visits resulting from the
528.21 change in scope established by the commissioner using a provider-specific rate based on
528.22 the newly certified CCBHC's audited historical cost report data adjusted for the expected
528.23 cost of delivering CCBHC services. Estimates are subject to review by the commissioner
528.24 and must include the expected cost of providing the full scope of CCBHC services and the
528.25 expected number of visits for the rate period;

528.26 (4) the commissioner shall rebase CCBHC rates once every three years following the
528.27 last rebasing and no less than 12 months following an initial rate or a rate change due to a
528.28 change in the scope of services;

528.29 (5) the commissioner shall provide for a 60-day appeals process after notice of the results
528.30 of the rebasing;

528.31 (6) the ~~prospective payment~~ CCBHC daily bundled rate under this section does not apply
528.32 to services rendered by CCBHCs to individuals who are dually eligible for Medicare and
528.33 medical assistance when Medicare is the primary payer for the service. An entity that receives
529.1 a ~~prospective payment~~ CCBHC daily bundled rate system ~~rate~~ that overlaps with the CCBHC
529.2 rate is not eligible for the CCBHC rate;

529.3 (7) payments for CCBHC services to individuals enrolled in managed care shall be
529.4 coordinated with the state's phase-out of CCBHC wrap payments. The commissioner shall
529.5 complete the phase-out of CCBHC wrap payments within 60 days of the implementation
529.6 of the ~~prospective payment~~ CCBHC daily bundled rate system in the Medicaid Management
529.7 Information System (MMIS), for CCBHCs reimbursed under this chapter, with a final
529.8 settlement of payments due made payable to CCBHCs no later than 18 months thereafter;

529.9 (8) the ~~prospective payment~~ CCBHC daily bundled rate for each CCBHC shall be updated
529.10 by trending each provider-specific rate by the Medicare Economic Index for primary care
529.11 services. This update shall occur each year in between rebasing periods determined by the
529.12 commissioner in accordance with clause (4). CCBHCs must provide data on costs and visits
529.13 to the state annually using the CCBHC cost report established by the commissioner; and

529.14 (9) a CCBHC may request a rate adjustment for changes in the CCBHC's scope of
529.15 services when such changes are expected to result in an adjustment to the CCBHC payment
529.16 rate by 2.5 percent or more. The CCBHC must provide the commissioner with information
529.17 regarding the changes in the scope of services, including the estimated cost of providing
529.18 the new or modified services and any projected increase or decrease in the number of visits
529.19 resulting from the change. Estimated costs are subject to review by the commissioner. Rate
529.20 adjustments for changes in scope shall occur no more than once per year in between rebasing
529.21 periods per CCBHC and are effective on the date of the annual CCBHC rate update.

529.22 (d) Managed care plans and county-based purchasing plans shall reimburse CCBHC
529.23 providers at the ~~prospective payment~~ CCBHC daily bundled rate. The commissioner shall
529.24 monitor the effect of this requirement on the rate of access to the services delivered by
529.25 CCBHC providers. If, for any contract year, federal approval is not received for this
529.26 paragraph, the commissioner must adjust the capitation rates paid to managed care plans
529.27 and county-based purchasing plans for that contract year to reflect the removal of this
529.28 provision. Contracts between managed care plans and county-based purchasing plans and
529.29 providers to whom this paragraph applies must allow recovery of payments from those
529.30 providers if capitation rates are adjusted in accordance with this paragraph. Payment
529.31 recoveries must not exceed the amount equal to any increase in rates that results from this

529.32 provision. This paragraph expires if federal approval is not received for this paragraph at
529.33 any time.

530.1 (e) The commissioner shall implement a quality incentive payment program for CCBHCs
530.2 that meets the following requirements:

530.3 (1) a CCBHC shall receive a quality incentive payment upon meeting specific numeric
530.4 thresholds for performance metrics established by the commissioner, in addition to payments
530.5 for which the CCBHC is eligible under the prospective payment CCBHC daily bundled
530.6 rate system described in paragraph (c);

530.7 (2) a CCBHC must be certified and enrolled as a CCBHC for the entire measurement
530.8 year to be eligible for incentive payments;

530.9 (3) each CCBHC shall receive written notice of the criteria that must be met in order to
530.10 receive quality incentive payments at least 90 days prior to the measurement year; and

530.11 (4) a CCBHC must provide the commissioner with data needed to determine incentive
530.12 payment eligibility within six months following the measurement year. The commissioner
530.13 shall notify CCBHC providers of their performance on the required measures and the
530.14 incentive payment amount within 12 months following the measurement year.

530.15 (f) All claims to managed care plans for CCBHC services as provided under this section
530.16 shall be submitted directly to, and paid by, the commissioner on the dates specified no later
530.17 than January 1 of the following calendar year, if:

530.18 (1) one or more managed care plans does not comply with the federal requirement for
530.19 payment of clean claims to CCBHCs, as defined in Code of Federal Regulations, title 42,
530.20 section 447.45(b), and the managed care plan does not resolve the payment issue within 30
530.21 days of noncompliance; and

530.22 (2) the total amount of clean claims not paid in accordance with federal requirements
530.23 by one or more managed care plans is 50 percent of, or greater than, the total CCBHC claims
530.24 eligible for payment by managed care plans.

530.25 If the conditions in this paragraph are met between January 1 and June 30 of a calendar
530.26 year, claims shall be submitted to and paid by the commissioner beginning on January 1 of
530.27 the following year. If the conditions in this paragraph are met between July 1 and December
530.28 31 of a calendar year, claims shall be submitted to and paid by the commissioner beginning
530.29 on July 1 of the following year.

530.30 Sec. 64. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

530.31 Subd. 5. **Payments.** The commissioner shall ~~make payments to each designated provider~~
530.32 ~~for the provision of~~ establish a single statewide reimbursement rate for health home services
531.1 ~~described in subdivision 3 to each eligible individual under subdivision 2 that selects the~~

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137.4 Sec. 49. Minnesota Statutes 2020, section 256B.0757, subdivision 5, is amended to read:

137.5 Subd. 5. **Payments.** The commissioner shall make payments to each designated provider
137.6 for the provision of behavioral health home services described in subdivision 3 to each
137.7 eligible individual under subdivision 2 that selects the behavioral health home as a provider.

531.2 ~~health home as a provider~~ under this section. In setting this rate, the commissioner must
531.3 include input from stakeholders, including providers of the services. The statewide
531.4 reimbursement rate shall be adjusted annually to match the growth in the Medicare Economic
531.5 Index.

531.6 **EFFECTIVE DATE.** This section is effective July 1, 2022.

531.7 Sec. 65. Minnesota Statutes 2021 Supplement, section 256B.0759, subdivision 4, is
531.8 amended to read:

531.9 Subd. 4. **Provider payment rates.** (a) Payment rates for participating providers must
531.10 be increased for services provided to medical assistance enrollees. To receive a rate increase,
531.11 participating providers must meet demonstration project requirements and provide evidence
531.12 of formal referral arrangements with providers delivering step-up or step-down levels of
531.13 care. Providers that have enrolled in the demonstration project but have not met the provider
531.14 standards under subdivision 3 as of July 1, 2022, are not eligible for a rate increase under
531.15 this subdivision until the date that the provider meets the provider standards in subdivision
531.16 3. Services provided from July 1, 2022, to the date that the provider meets the provider
531.17 standards under subdivision 3 shall be reimbursed at rates according to section 254B.05,
531.18 subdivision 5, paragraph (b). Rate increases paid under this subdivision to a provider for
531.19 services provided between July 1, 2021, and July 1, 2022, are not subject to recoupment
531.20 when the provider is taking meaningful steps to meet demonstration project requirements
531.21 that are not otherwise required by law, and the provider provides documentation to the
531.22 commissioner, upon request, of the steps being taken.

531.23 (b) The commissioner may temporarily suspend payments to the provider according to
531.24 section 256B.04, subdivision 21, paragraph (d), if the provider does not meet the requirements
531.25 in paragraph (a). Payments withheld from the provider must be made once the commissioner
531.26 determines that the requirements in paragraph (a) are met.

531.27 (c) For substance use disorder services under section 254B.05, subdivision 5, paragraph
531.28 (b), ~~clause (8)~~ (7), provided on or after July 1, 2020, payment rates must be increased by
531.29 25 percent over the rates in effect on December 31, 2019.

531.30 (d) For substance use disorder services under section 254B.05, subdivision 5, paragraph
531.31 (b), ~~clauses (1); and (6), and (7)~~, and adolescent treatment programs that are licensed as
531.32 outpatient treatment programs according to sections 245G.01 to 245G.18, provided on or
531.33 after January 1, 2021, payment rates must be increased by 20 percent over the rates in effect
531.34 on December 31, 2020.

532.1 (e) Effective January 1, 2021, and contingent on annual federal approval, managed care
532.2 plans and county-based purchasing plans must reimburse providers of the substance use
532.3 disorder services meeting the criteria described in paragraph (a) who are employed by or
532.4 under contract with the plan an amount that is at least equal to the fee-for-service base rate
532.5 payment for the substance use disorder services described in paragraphs (c) and (d). The
532.6 commissioner must monitor the effect of this requirement on the rate of access to substance

532.7 use disorder services and residential substance use disorder rates. Capitation rates paid to
532.8 managed care organizations and county-based purchasing plans must reflect the impact of
532.9 this requirement. This paragraph expires if federal approval is not received at any time as
532.10 required under this paragraph.

532.11 (f) Effective July 1, 2021, contracts between managed care plans and county-based
532.12 purchasing plans and providers to whom paragraph (e) applies must allow recovery of
532.13 payments from those providers if, for any contract year, federal approval for the provisions
532.14 of paragraph (e) is not received, and capitation rates are adjusted as a result. Payment
532.15 recoveries must not exceed the amount equal to any decrease in rates that results from this
532.16 provision.

532.17 Sec. 66. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
532.18 to read:

532.19 Subd. 2a. **Sleeping hours.** During normal sleeping hours, a psychiatric residential
532.20 treatment facility provider must provide at least one staff person for every six residents
532.21 present within a living unit. A provider must adjust sleeping-hour staffing levels based on
532.22 the clinical needs of the residents in the facility.

532.23 Sec. 67. Minnesota Statutes 2020, section 256B.0941, subdivision 3, is amended to read:

532.24 Subd. 3. **Per diem rate.** (a) The commissioner must establish one per diem rate per
532.25 provider for psychiatric residential treatment facility services for individuals 21 years of
532.26 age or younger. The rate for a provider must not exceed the rate charged by that provider
532.27 for the same service to other payers. Payment must not be made to more than one entity for
532.28 each individual for services provided under this section on a given day. The commissioner
532.29 must set rates prospectively for the annual rate period. The commissioner must require
532.30 providers to submit annual cost reports on a uniform cost reporting form and must use
532.31 submitted cost reports to inform the rate-setting process. The cost reporting must be done
532.32 according to federal requirements for Medicare cost reports.

532.33 (b) The following are included in the rate:

533.1 (1) costs necessary for licensure and accreditation, meeting all staffing standards for
533.2 participation, meeting all service standards for participation, meeting all requirements for
533.3 active treatment, maintaining medical records, conducting utilization review, meeting
533.4 inspection of care, and discharge planning. The direct services costs must be determined
533.5 using the actual cost of salaries, benefits, payroll taxes, and training of direct services staff
533.6 and service-related transportation; and

533.7 (2) payment for room and board provided by facilities meeting all accreditation and
533.8 licensing requirements for participation.

533.9 (c) A facility may submit a claim for payment outside of the per diem for professional
533.10 services arranged by and provided at the facility by an appropriately licensed professional
533.11 who is enrolled as a provider with Minnesota health care programs. Arranged services may

533.12 be billed by either the facility or the licensed professional. These services must be included
533.13 in the individual plan of care and are subject to prior authorization.

533.14 (d) Medicaid must reimburse for concurrent services as approved by the commissioner
533.15 to support continuity of care and successful discharge from the facility. "Concurrent services"
533.16 means services provided by another entity or provider while the individual is admitted to a
533.17 psychiatric residential treatment facility. Payment for concurrent services may be limited
533.18 and these services are subject to prior authorization by the state's medical review agent.
533.19 Concurrent services may include targeted case management, assertive community treatment,
533.20 clinical care consultation, team consultation, and treatment planning.

533.21 (e) Payment rates under this subdivision must not include the costs of providing the
533.22 following services:

533.23 (1) educational services;

533.24 (2) acute medical care or specialty services for other medical conditions;

533.25 (3) dental services; and

533.26 (4) pharmacy drug costs.

533.27 (f) For purposes of this section, "actual cost" means costs that are allowable, allocable,
533.28 reasonable, and consistent with federal reimbursement requirements in Code of Federal
533.29 Regulations, title 48, chapter 1, part 31, relating to for-profit entities, and the Office of
533.30 Management and Budget Circular Number A-122, relating to nonprofit entities.

533.31 (g) The commissioner shall consult with providers and stakeholders to develop an
533.32 assessment tool that identifies when a child with a medical necessity for psychiatric
533.33 residential treatment facility level of care will require specialized care planning, including
534.1 but not limited to a one-on-one staffing ratio in a living environment. The commissioner
534.2 must develop the tool based on clinical and safety review and recommend best uses of the
534.3 protocols to align with reimbursement structures.

534.4 Sec. 68. Minnesota Statutes 2020, section 256B.0941, is amended by adding a subdivision
534.5 to read:

534.6 Subd. 5. **Start-up grants.** Start-up grants to prospective psychiatric residential treatment
534.7 facility sites may be used for:

534.8 (1) administrative expenses;

534.9 (2) consulting services;

534.10 (3) Health Insurance Portability and Accountability Act of 1996 compliance;

534.11 (4) therapeutic resources including evidence-based, culturally appropriate curriculums,
534.12 and training programs for staff and clients;

534.13 (5) allowable physical renovations to the property; and

534.14 (6) emergency workforce shortage uses, as determined by the commissioner.

534.15 Sec. 69. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1, is
534.16 amended to read:

534.17 Subdivision 1. **Required covered service components.** (a) Subject to federal approval,
534.18 medical assistance covers medically necessary intensive behavioral health treatment services
534.19 when the services are provided by a provider entity certified under and meeting the standards
534.20 in this section. The provider entity must make reasonable and good faith efforts to report
534.21 individual client outcomes to the commissioner, using instruments and protocols approved
534.22 by the commissioner.

534.23 (b) Intensive behavioral health treatment services to children with mental illness residing
534.24 in foster family settings or with legal guardians that comprise specific required service
534.25 components provided in clauses (1) to (6) are reimbursed by medical assistance when they
534.26 meet the following standards:

534.27 (1) psychotherapy provided by a mental health professional or a clinical trainee;

534.28 (2) crisis planning;

534.29 (3) individual, family, and group psychoeducation services provided by a mental health
534.30 professional or a clinical trainee;

535.1 (4) clinical care consultation provided by a mental health professional or a clinical
535.2 trainee;

535.3 (5) individual treatment plan development as defined in Minnesota Rules, part 9505.0371,
535.4 subpart 7; and

535.5 (6) service delivery payment requirements as provided under subdivision 4.

535.6 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
535.7 whichever is later. The commissioner of human services shall notify the revisor of statutes
535.8 when federal approval is obtained.

535.9 Sec. 70. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 1a, is
535.10 amended to read:

535.11 Subd. 1a. **Definitions.** For the purposes of this section, the following terms have the
535.12 meanings given them.

535.13 (a) "At risk of out-of-home placement" means the child has participated in
535.14 community-based therapeutic or behavioral services including psychotherapy within the
535.15 past 30 days and has experienced severe difficulty in managing mental health and behavior
535.16 in multiple settings and has one of the following:

- 535.17 (1) has previously been in out-of-home placement for mental health issues within the
535.18 past six months;
- 535.19 (2) has a history of threatening harm to self or others and has actively engaged in
535.20 self-harming or threatening behavior in the past 30 days;
- 535.21 (3) demonstrates extremely inappropriate or dangerous social behavior in home,
535.22 community, and school settings;
- 535.23 (4) has a history of repeated intervention from mental health programs, social services,
535.24 mobile crisis programs, or law enforcement to maintain safety in the home, community, or
535.25 school within the past 60 days; or
- 535.26 (5) whose parent is unable to safely manage the child's mental health, behavioral, or
535.27 emotional problems in the home and has been actively seeking placement for at least two
535.28 weeks.
- 535.29 ~~(a)~~ (b) "Clinical care consultation" means communication from a treating clinician to
535.30 other providers working with the same client to inform, inquire, and instruct regarding the
535.31 client's symptoms, strategies for effective engagement, care and intervention needs, and
535.32 treatment expectations across service settings, including but not limited to the client's school,
536.1 social services, day care, probation, home, primary care, medication prescribers, disabilities
536.2 services, and other mental health providers and to direct and coordinate clinical service
536.3 components provided to the client and family.
- 536.4 ~~(b)~~ (c) "Clinical trainee" means a staff person who is qualified according to section
536.5 245I.04, subdivision 6.
- 536.6 ~~(c)~~ (d) "Crisis planning" has the meaning given in section 245.4871, subdivision 9a.
- 536.7 ~~(d)~~ (e) "Culturally appropriate" means providing mental health services in a manner that
536.8 incorporates the child's cultural influences into interventions as a way to maximize resiliency
536.9 factors and utilize cultural strengths and resources to promote overall wellness.
- 536.10 ~~(e)~~ (f) "Culture" means the distinct ways of living and understanding the world that are
536.11 used by a group of people and are transmitted from one generation to another or adopted
536.12 by an individual.
- 536.13 ~~(f)~~ (g) "Standard diagnostic assessment" means the assessment described in section
536.14 245I.10, subdivision 6.
- 536.15 ~~(g)~~ (h) "Family" means a person who is identified by the client or the client's parent or
536.16 guardian as being important to the client's mental health treatment. Family may include,
536.17 but is not limited to, parents, foster parents, children, spouse, committed partners, former
536.18 spouses, persons related by blood or adoption, persons who are a part of the client's
536.19 permanency plan, or persons who are presently residing together as a family unit.
- 536.20 ~~(h)~~ (i) "Foster care" has the meaning given in section 260C.007, subdivision 18.

536.21 ~~(j)~~ (j) "Foster family setting" means the foster home in which the license holder resides.

536.22 ~~(k)~~ (k) "Individual treatment plan" means the plan described in section 245I.10,

536.23 subdivisions 7 and 8.

536.24 ~~(l)~~ (l) "Mental health certified family peer specialist" means a staff person who is

536.25 qualified according to section 245I.04, subdivision 12.

536.26 ~~(m)~~ (m) "Mental health professional" means a staff person who is qualified according to

536.27 section 245I.04, subdivision 2.

536.28 ~~(n)~~ (n) "Mental illness" has the meaning given in section 245I.02, subdivision 29.

536.29 ~~(o)~~ (o) "Parent" has the meaning given in section 260C.007, subdivision 25.

536.30 ~~(p)~~ (p) "Psychoeducation services" means information or demonstration provided to an

536.31 individual, family, or group to explain, educate, and support the individual, family, or group

537.1 in understanding a child's symptoms of mental illness, the impact on the child's development,

537.2 and needed components of treatment and skill development so that the individual, family,

537.3 or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders,

537.4 and achieve optimal mental health and long-term resilience.

537.5 ~~(q)~~ (q) "Psychotherapy" means the treatment described in section 256B.0671, subdivision

537.6 11.

537.7 ~~(r)~~ (r) "Team consultation and treatment planning" means the coordination of treatment

537.8 plans and consultation among providers in a group concerning the treatment needs of the

537.9 child, including disseminating the child's treatment service schedule to all members of the

537.10 service team. Team members must include all mental health professionals working with the

537.11 child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and

537.12 at least two of the following: an individualized education program case manager; probation

537.13 agent; children's mental health case manager; child welfare worker, including adoption or

537.14 guardianship worker; primary care provider; foster parent; and any other member of the

537.15 child's service team.

537.16 ~~(s)~~ (s) "Trauma" has the meaning given in section 245I.02, subdivision 38.

537.17 ~~(t)~~ (t) "Treatment supervision" means the supervision described under section 245I.06.

537.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,

537.19 whichever is later. The commissioner of human services shall notify the revisor of statutes

537.20 when federal approval is obtained.

537.21 Sec. 71. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 2, is

537.22 amended to read:

537.23 Subd. 2. **Determination of client eligibility.** An eligible recipient is an individual, from

537.24 birth through age 20, who is currently placed in a foster home licensed under Minnesota

537.25 Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the

537.26 regulations established by a federally recognized Minnesota Tribe, or who is residing in the
537.27 legal guardian's home and is at risk of out-of-home placement, and has received: (1) a
537.28 standard diagnostic assessment within 180 days before the start of service that documents
537.29 that intensive behavioral health treatment services are medically necessary within a foster
537.30 family setting to ameliorate identified symptoms and functional impairments; and (2) a level
537.31 of care assessment as defined in section 245I.02, subdivision 19, that demonstrates that the
537.32 individual requires intensive intervention without 24-hour medical monitoring, and a
537.33 functional assessment as defined in section 245I.02, subdivision 17. The level of care
538.1 assessment and the functional assessment must include information gathered from the
538.2 placing county, Tribe, or case manager.

538.3 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
538.4 whichever is later. The commissioner of human services shall notify the revisor of statutes
538.5 when federal approval is obtained.

538.6 Sec. 72. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 3, is
538.7 amended to read:

538.8 Subd. 3. **Eligible mental health services providers.** (a) Eligible providers for children's
538.9 intensive children's mental health behavioral health services in a foster family setting must
538.10 be certified by the state and have a service provision contract with a county board or a
538.11 reservation tribal council and must be able to demonstrate the ability to provide all of the
538.12 services required in this section and meet the standards in chapter 245I, as required in section
538.13 245I.011, subdivision 5.

538.14 (b) For purposes of this section, a provider agency must be:

538.15 (1) a county-operated entity certified by the state;

538.16 (2) an Indian Health Services facility operated by a Tribe or Tribal organization under
538.17 funding authorized by United States Code, title 25, sections 450f to 450n, or title 3 of the
538.18 Indian Self-Determination Act, Public Law 93-638, section 638 (facilities or providers); or

538.19 (3) a noncounty entity.

538.20 (c) Certified providers that do not meet the service delivery standards required in this
538.21 section shall be subject to a decertification process.

538.22 (d) For the purposes of this section, all services delivered to a client must be provided
538.23 by a mental health professional or a clinical trainee.

538.24 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
538.25 whichever is later. The commissioner of human services shall notify the revisor of statutes
538.26 when federal approval is obtained.

538.27 Sec. 73. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 4, is
538.28 amended to read:

538.29 Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under
538.30 this section, a provider must develop and practice written policies and procedures for
538.31 children's intensive ~~treatment in foster care~~ behavioral health services, consistent with
539.1 subdivision 1, paragraph (b), and comply with the following requirements in paragraphs
539.2 (b) to (n).

539.3 (b) Each previous and current mental health, school, and physical health treatment
539.4 provider must be contacted to request documentation of treatment and assessments that the
539.5 eligible client has received. This information must be reviewed and incorporated into the
539.6 standard diagnostic assessment and team consultation and treatment planning review process.

539.7 (c) Each client receiving treatment must be assessed for a trauma history, and the client's
539.8 treatment plan must document how the results of the assessment will be incorporated into
539.9 treatment.

539.10 (d) The level of care assessment as defined in section 245I.02, subdivision 19, and
539.11 functional assessment as defined in section 245I.02, subdivision 17, must be updated at
539.12 least every 90 days or prior to discharge from the service, whichever comes first.

539.13 (e) Each client receiving treatment services must have an individual treatment plan that
539.14 is reviewed, evaluated, and approved every 90 days using the team consultation and treatment
539.15 planning process.

539.16 (f) Clinical care consultation must be provided in accordance with the client's individual
539.17 treatment plan.

539.18 (g) Each client must have a crisis plan within ten days of initiating services and must
539.19 have access to clinical phone support 24 hours per day, seven days per week, during the
539.20 course of treatment. The crisis plan must demonstrate coordination with the local or regional
539.21 mobile crisis intervention team.

539.22 (h) Services must be delivered and documented at least three days per week, equaling
539.23 at least six hours of treatment per week. If the mental health professional, client, and family
539.24 agree, service units may be temporarily reduced for a period of no more than 60 days in
539.25 order to meet the needs of the client and family, or as part of transition or on a discharge
539.26 plan to another service or level of care. The reasons for service reduction must be identified,
539.27 documented, and included in the treatment plan. Billing and payment are prohibited for
539.28 days on which no services are delivered and documented.

539.29 (i) Location of service delivery must be in the client's home, day care setting, school, or
539.30 other community-based setting that is specified on the client's individualized treatment plan.

539.31 (j) Treatment must be developmentally and culturally appropriate for the client.

539.32 (k) Services must be delivered in continual collaboration and consultation with the
539.33 client's medical providers and, in particular, with prescribers of psychotropic medications,
540.1 including those prescribed on an off-label basis. Members of the service team must be aware
540.2 of the medication regimen and potential side effects.

540.3 (l) Parents, siblings, foster parents, legal guardians, and members of the child's
540.4 permanency plan must be involved in treatment and service delivery unless otherwise noted
540.5 in the treatment plan.

540.6 (m) Transition planning for ~~the~~ a child in foster care must be conducted starting with
540.7 the first treatment plan and must be addressed throughout treatment to support the child's
540.8 permanency plan and postdischarge mental health service needs.

540.9 (n) In order for a provider to receive the daily per-client encounter rate, at least one of
540.10 the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The
540.11 services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part
540.12 of the daily per-client encounter rate.

540.13 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
540.14 whichever is later. The commissioner of human services shall notify the revisor of statutes
540.15 when federal approval is obtained.

540.16 Sec. 74. Minnesota Statutes 2021 Supplement, section 256B.0946, subdivision 6, is
540.17 amended to read:

540.18 Subd. 6. **Excluded services.** (a) Services in clauses (1) to (7) are not covered under this
540.19 section and are not eligible for medical assistance payment as components of children's
540.20 ~~intensive treatment in foster care~~ behavioral health services, but may be billed separately:

540.21 (1) inpatient psychiatric hospital treatment;

540.22 (2) mental health targeted case management;

540.23 (3) partial hospitalization;

540.24 (4) medication management;

540.25 (5) children's mental health day treatment services;

540.26 (6) crisis response services under section 256B.0624;

540.27 (7) transportation; and

540.28 (8) mental health certified family peer specialist services under section 256B.0616.

540.29 (b) Children receiving intensive ~~treatment in foster care~~ behavioral health services are
540.30 not eligible for medical assistance reimbursement for the following services while receiving
540.31 children's intensive ~~treatment in foster care~~ behavioral health services:

541.1 (1) psychotherapy and skills training components of children's therapeutic services and
541.2 supports under section 256B.0943;

541.3 (2) mental health behavioral aide services as defined in section 256B.0943, subdivision
541.4 1, paragraph (1);

541.5 (3) home and community-based waiver services;

541.6 (4) mental health residential treatment; and

541.7 (5) room and board costs as defined in section 256I.03, subdivision 6.

541.8 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
541.9 whichever is later. The commissioner of human services shall notify the revisor of statutes
541.10 when federal approval is obtained.

541.11 Sec. 75. Minnesota Statutes 2020, section 256B.0946, subdivision 7, is amended to read:

541.12 Subd. 7. **Medical assistance payment and rate setting.** The commissioner shall establish
541.13 a single daily per-client encounter rate for children's intensive ~~treatment in foster care~~
541.14 behavioral health services. The rate must be constructed to cover only eligible services
541.15 delivered to an eligible recipient by an eligible provider, as prescribed in subdivision 1,
541.16 paragraph (b).

541.17 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
541.18 whichever is later. The commissioner of human services shall notify the revisor of statutes
541.19 when federal approval is obtained.

541.20 Sec. 76. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 2, is
541.21 amended to read:

541.22 Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings
541.23 given them.

541.24 (a) "Intensive nonresidential rehabilitative mental health services" means child
541.25 rehabilitative mental health services as defined in section 256B.0943, except that these
541.26 services are provided by a multidisciplinary staff using a total team approach consistent
541.27 with assertive community treatment, as adapted for youth, and are directed to recipients
541.28 who are eight years of age or older and under ~~26~~ 21 years of age who require intensive
541.29 services to prevent admission to an inpatient psychiatric hospital or placement in a residential
541.30 treatment facility or who require intensive services to step down from inpatient or residential
541.31 care to community-based care.

542.1 (b) "Co-occurring mental illness and substance use disorder" means a dual diagnosis of
542.2 at least one form of mental illness and at least one substance use disorder. Substance use
542.3 disorders include alcohol or drug abuse or dependence, excluding nicotine use.

542.4 (c) "Standard diagnostic assessment" means the assessment described in section 245I.10,
542.5 subdivision 6.

- 542.6 (d) "Medication education services" means services provided individually or in groups,
542.7 which focus on:
- 542.8 (1) educating the client and client's family or significant nonfamilial supporters about
542.9 mental illness and symptoms;
- 542.10 (2) the role and effects of medications in treating symptoms of mental illness; and
542.11 (3) the side effects of medications.
- 542.12 Medication education is coordinated with medication management services and does not
542.13 duplicate it. Medication education services are provided by physicians, pharmacists, or
542.14 registered nurses with certification in psychiatric and mental health care.
- 542.15 (e) "Mental health professional" means a staff person who is qualified according to
542.16 section 245I.04, subdivision 2.
- 542.17 (f) "Provider agency" means a for-profit or nonprofit organization established to
542.18 administer an assertive community treatment for youth team.
- 542.19 (g) "Substance use disorders" means one or more of the disorders defined in the diagnostic
542.20 and statistical manual of mental disorders, current edition.
- 542.21 (h) "Transition services" means:
- 542.22 (1) activities, materials, consultation, and coordination that ensures continuity of the
542.23 client's care in advance of and in preparation for the client's move from one stage of care
542.24 or life to another by maintaining contact with the client and assisting the client to establish
542.25 provider relationships;
- 542.26 (2) providing the client with knowledge and skills needed posttransition;
- 542.27 (3) establishing communication between sending and receiving entities;
- 542.28 (4) supporting a client's request for service authorization and enrollment; and
542.29 (5) establishing and enforcing procedures and schedules.
- 542.30 A youth's transition from the children's mental health system and services to the adult
542.31 mental health system and services and return to the client's home and entry or re-entry into
543.1 community-based mental health services following discharge from an out-of-home placement
543.2 or inpatient hospital stay.
- 543.3 (i) "Treatment team" means all staff who provide services to recipients under this section.
- 543.4 (j) "Family peer specialist" means a staff person who is qualified under section
543.5 256B.0616.

543.6 Sec. 77. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 3, is
543.7 amended to read:

543.8 Subd. 3. **Client eligibility.** An eligible recipient is an individual who:

543.9 (1) is eight years of age or older and under ~~26~~ 21 years of age;

543.10 (2) is diagnosed with a serious mental illness or co-occurring mental illness and substance
543.11 use disorder, for which intensive nonresidential rehabilitative mental health services are
543.12 needed;

543.13 (3) has received a level of care assessment as defined in section 245I.02, subdivision
543.14 19, that indicates a need for intensive integrated intervention without 24-hour medical
543.15 monitoring and a need for extensive collaboration among multiple providers;

543.16 (4) has received a functional assessment as defined in section 245I.02, subdivision 17,
543.17 that indicates functional impairment and a history of difficulty in functioning safely and
543.18 successfully in the community, school, home, or job; or who is likely to need services from
543.19 the adult mental health system during adulthood; and

543.20 (5) has had a recent standard diagnostic assessment that documents that intensive
543.21 nonresidential rehabilitative mental health services are medically necessary to ameliorate
543.22 identified symptoms and functional impairments and to achieve individual transition goals.

543.23 Sec. 78. Minnesota Statutes 2021 Supplement, section 256B.0947, subdivision 5, is
543.24 amended to read:

543.25 Subd. 5. **Standards for intensive nonresidential rehabilitative providers.** (a) Services
543.26 must meet the standards in this section and chapter 245I as required in section 245I.011,
543.27 subdivision 5.

543.28 (b) The treatment team must have specialized training in providing services to the specific
543.29 age group of youth that the team serves. An individual treatment team must serve youth
543.30 who are: (1) at least eight years of age or older and under 16 years of age, or (2) at least 14
543.31 years of age or older and under ~~26~~ 21 years of age.

544.1 (c) The treatment team for intensive nonresidential rehabilitative mental health services
544.2 comprises both permanently employed core team members and client-specific team members
544.3 as follows:

544.4 (1) Based on professional qualifications and client needs, clinically qualified core team
544.5 members are assigned on a rotating basis as the client's lead worker to coordinate a client's
544.6 care. The core team must comprise at least four full-time equivalent direct care staff and
544.7 must minimally include:

544.8 (i) a mental health professional who serves as team leader to provide administrative
544.9 direction and treatment supervision to the team;

544.10 (ii) an advanced-practice registered nurse with certification in psychiatric or mental
544.11 health care or a board-certified child and adolescent psychiatrist, either of which must be
544.12 credentialed to prescribe medications;

544.13 (iii) a licensed alcohol and drug counselor who is also trained in mental health
544.14 interventions; and

544.15 (iv) a mental health certified peer specialist who is qualified according to section 245I.04,
544.16 subdivision 10, and is also a former children's mental health consumer.

544.17 (2) The core team may also include any of the following:

544.18 (i) additional mental health professionals;

544.19 (ii) a vocational specialist;

544.20 (iii) an educational specialist with knowledge and experience working with youth
544.21 regarding special education requirements and goals, special education plans, and coordination
544.22 of educational activities with health care activities;

544.23 (iv) a child and adolescent psychiatrist who may be retained on a consultant basis;

544.24 (v) a clinical trainee qualified according to section 245I.04, subdivision 6;

544.25 (vi) a mental health practitioner qualified according to section 245I.04, subdivision 4;

544.26 (vii) a case management service provider, as defined in section 245.4871, subdivision
544.27 4;

544.28 (viii) a housing access specialist; and

544.29 (ix) a family peer specialist as defined in subdivision 2, paragraph (j).

544.30 (3) A treatment team may include, in addition to those in clause (1) or (2), ad hoc
544.31 members not employed by the team who consult on a specific client and who must accept
545.1 overall clinical direction from the treatment team for the duration of the client's placement
545.2 with the treatment team and must be paid by the provider agency at the rate for a typical
545.3 session by that provider with that client or at a rate negotiated with the client-specific
545.4 member. Client-specific treatment team members may include:

545.5 (i) the mental health professional treating the client prior to placement with the treatment
545.6 team;

545.7 (ii) the client's current substance use counselor, if applicable;

545.8 (iii) a lead member of the client's individualized education program team or school-based
545.9 mental health provider, if applicable;

545.10 (iv) a representative from the client's health care home or primary care clinic, as needed
545.11 to ensure integration of medical and behavioral health care;

545.12 (v) the client's probation officer or other juvenile justice representative, if applicable;
545.13 and

545.14 (vi) the client's current vocational or employment counselor, if applicable.

545.15 (d) The treatment supervisor shall be an active member of the treatment team and shall
545.16 function as a practicing clinician at least on a part-time basis. The treatment team shall meet
545.17 with the treatment supervisor at least weekly to discuss recipients' progress and make rapid
545.18 adjustments to meet recipients' needs. The team meeting must include client-specific case
545.19 reviews and general treatment discussions among team members. Client-specific case
545.20 reviews and planning must be documented in the individual client's treatment record.

545.21 (e) The staffing ratio must not exceed ten clients to one full-time equivalent treatment
545.22 team position.

545.23 (f) The treatment team shall serve no more than 80 clients at any one time. Should local
545.24 demand exceed the team's capacity, an additional team must be established rather than
545.25 exceed this limit.

545.26 (g) Nonclinical staff shall have prompt access in person or by telephone to a mental
545.27 health practitioner, clinical trainee, or mental health professional. The provider shall have
545.28 the capacity to promptly and appropriately respond to emergent needs and make any
545.29 necessary staffing adjustments to ensure the health and safety of clients.

545.30 (h) The intensive nonresidential rehabilitative mental health services provider shall
545.31 participate in evaluation of the assertive community treatment for youth (Youth ACT) model
546.1 as conducted by the commissioner, including the collection and reporting of data and the
546.2 reporting of performance measures as specified by contract with the commissioner.

546.3 (i) A regional treatment team may serve multiple counties.

546.4 Sec. 79. Minnesota Statutes 2020, section 256B.0949, subdivision 15, is amended to read:

546.5 Subd. 15. **EIDBI provider qualifications.** (a) A QSP must be employed by an agency
546.6 and be:

546.7 (1) a licensed mental health professional who has at least 2,000 hours of supervised
546.8 clinical experience or training in examining or treating people with ASD or a related condition
546.9 or equivalent documented coursework at the graduate level by an accredited university in
546.10 ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child
546.11 development; or

546.12 (2) a developmental or behavioral pediatrician who has at least 2,000 hours of supervised
546.13 clinical experience or training in examining or treating people with ASD or a related condition
546.14 or equivalent documented coursework at the graduate level by an accredited university in
546.15 the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and
546.16 typical child development.

- 546.17 (b) A level I treatment provider must be employed by an agency and:
- 546.18 (1) have at least 2,000 hours of supervised clinical experience or training in examining
- 546.19 or treating people with ASD or a related condition or equivalent documented coursework
- 546.20 at the graduate level by an accredited university in ASD diagnostics, ASD developmental
- 546.21 and behavioral treatment strategies, and typical child development or an equivalent
- 546.22 combination of documented coursework or hours of experience; and
- 546.23 (2) have or be at least one of the following:
- 546.24 (i) a master's degree in behavioral health or child development or related fields including,
- 546.25 but not limited to, mental health, special education, social work, psychology, speech
- 546.26 pathology, or occupational therapy from an accredited college or university;
- 546.27 (ii) a bachelor's degree in a behavioral health, child development, or related field
- 546.28 including, but not limited to, mental health, special education, social work, psychology,
- 546.29 speech pathology, or occupational therapy, from an accredited college or university, and
- 546.30 advanced certification in a treatment modality recognized by the department;
- 546.31 (iii) a board-certified behavior analyst; or
- 547.1 (iv) a board-certified assistant behavior analyst with 4,000 hours of supervised clinical
- 547.2 experience that meets all registration, supervision, and continuing education requirements
- 547.3 of the certification.
- 547.4 (c) A level II treatment provider must be employed by an agency and must be:
- 547.5 (1) a person who has a bachelor's degree from an accredited college or university in a
- 547.6 behavioral or child development science or related field including, but not limited to, mental
- 547.7 health, special education, social work, psychology, speech pathology, or occupational
- 547.8 therapy; and meets at least one of the following:
- 547.9 (i) has at least 1,000 hours of supervised clinical experience or training in examining or
- 547.10 treating people with ASD or a related condition or equivalent documented coursework at
- 547.11 the graduate level by an accredited university in ASD diagnostics, ASD developmental and
- 547.12 behavioral treatment strategies, and typical child development or a combination of
- 547.13 coursework or hours of experience;
- 547.14 (ii) has certification as a board-certified assistant behavior analyst from the Behavior
- 547.15 Analyst Certification Board;
- 547.16 (iii) is a registered behavior technician as defined by the Behavior Analyst Certification
- 547.17 Board; or
- 547.18 (iv) is certified in one of the other treatment modalities recognized by the department;
- 547.19 or
- 547.20 (2) a person who has:

547.21 (i) an associate's degree in a behavioral or child development science or related field
547.22 including, but not limited to, mental health, special education, social work, psychology,
547.23 speech pathology, or occupational therapy from an accredited college or university; and

547.24 (ii) at least 2,000 hours of supervised clinical experience in delivering treatment to people
547.25 with ASD or a related condition. Hours worked as a mental health behavioral aide or level
547.26 III treatment provider may be included in the required hours of experience; or

547.27 (3) a person who has at least 4,000 hours of supervised clinical experience in delivering
547.28 treatment to people with ASD or a related condition. Hours worked as a mental health
547.29 behavioral aide or level III treatment provider may be included in the required hours of
547.30 experience; or

547.31 (4) a person who is a graduate student in a behavioral science, child development science,
547.32 or related field and is receiving clinical supervision by a QSP affiliated with an agency to
548.1 meet the clinical training requirements for experience and training with people with ASD
548.2 or a related condition; or

548.3 (5) a person who is at least 18 years of age and who:

548.4 (i) is fluent in a non-English language or an individual certified by a Tribal Nation;

548.5 (ii) completed the level III EIDBI training requirements; and

548.6 (iii) receives observation and direction from a QSP or level I treatment provider at least
548.7 once a week until the person meets 1,000 hours of supervised clinical experience.

548.8 (d) A level III treatment provider must be employed by an agency, have completed the
548.9 level III training requirement, be at least 18 years of age, and have at least one of the
548.10 following:

548.11 (1) a high school diploma or commissioner of education-selected high school equivalency
548.12 certification;

548.13 (2) fluency in a non-English language or certification by a Tribal Nation;

548.14 (3) one year of experience as a primary personal care assistant, community health worker,
548.15 waiver service provider, or special education assistant to a person with ASD or a related
548.16 condition within the previous five years; or

548.17 (4) completion of all required EIDBI training within six months of employment.

548.18 **EFFECTIVE DATE.** This section is effective January 1, 2023, or upon federal approval,
548.19 whichever is later. The commissioner of human services shall notify the revisor of statutes
548.20 when federal approval is obtained.

SENATE ARTICLE 4, SECTION 50 HAS BEEN REMOVED TO MATCH WITH
HOUSE ARTICLE 8, SECTION 29.

548.21 Sec. 80. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

548.22 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
548.23 or at any other time, there is a reasonable basis for questioning whether a person applying
548.24 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
548.25 subdivision 5, the person shall be referred for a chemical health assessment, and only
548.26 emergency assistance payments or general assistance vendor payments may be provided
548.27 until the assessment is complete and the results of the assessment made available to the
548.28 county agency. A reasonable basis for referring an individual for an assessment exists when:

548.29 (1) the person has required detoxification two or more times in the past 12 months;

548.30 (2) the person appears intoxicated at the county agency as indicated by two or more of
548.31 the following:

549.1 (i) the odor of alcohol;

549.2 (ii) slurred speech;

549.3 (iii) disconjugate gaze;

549.4 (iv) impaired balance;

549.5 (v) difficulty remaining awake;

549.6 (vi) consumption of alcohol;

549.7 (vii) responding to sights or sounds that are not actually present;

549.8 (viii) extreme restlessness, fast speech, or unusual belligerence;

549.9 (3) the person has been involuntarily committed for drug dependency at least once in
549.10 the past 12 months; or

549.11 (4) the person has received treatment, including domiciliary care, for drug abuse or
549.12 dependency at least twice in the past 12 months.

549.13 The assessment and determination of drug dependency, if any, must be made by an
549.14 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,
549.15 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only
549.16 provide emergency general assistance or vendor payments to an otherwise eligible applicant
549.17 or recipient who is determined to be drug dependent, except up to 15 percent of the grant
549.18 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision
549.19 1, the commissioner of human services shall also require county agencies to provide
549.20 assistance only in the form of vendor payments to all eligible recipients who assert chemical
549.21 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),
549.22 clauses (1) and (5).

138.1 Sec. 51. Minnesota Statutes 2020, section 256D.09, subdivision 2a, is amended to read:

138.2 Subd. 2a. **Vendor payments for drug dependent persons.** If, at the time of application
138.3 or at any other time, there is a reasonable basis for questioning whether a person applying
138.4 for or receiving financial assistance is drug dependent, as defined in section 254A.02,
138.5 subdivision 5, the person shall be referred for a chemical health assessment, and only
138.6 emergency assistance payments or general assistance vendor payments may be provided
138.7 until the assessment is complete and the results of the assessment made available to the
138.8 county agency. A reasonable basis for referring an individual for an assessment exists when:

138.9 (1) the person has required detoxification two or more times in the past 12 months;

138.10 (2) the person appears intoxicated at the county agency as indicated by two or more of
138.11 the following:

138.12 (i) the odor of alcohol;

138.13 (ii) slurred speech;

138.14 (iii) disconjugate gaze;

138.15 (iv) impaired balance;

138.16 (v) difficulty remaining awake;

138.17 (vi) consumption of alcohol;

138.18 (vii) responding to sights or sounds that are not actually present;

138.19 (viii) extreme restlessness, fast speech, or unusual belligerence;

138.20 (3) the person has been involuntarily committed for drug dependency at least once in
138.21 the past 12 months; or

138.22 (4) the person has received treatment, including domiciliary care, for drug abuse or
138.23 dependency at least twice in the past 12 months.

138.24 The assessment and determination of drug dependency, if any, must be made by an
138.25 assessor qualified under ~~Minnesota Rules, part 9530.6615, subpart 2~~ section 245G.11,
138.26 subdivisions 1 and 5, to perform an assessment of chemical use. The county shall only
138.27 provide emergency general assistance or vendor payments to an otherwise eligible applicant
138.28 or recipient who is determined to be drug dependent, except up to 15 percent of the grant
138.29 amount the person would otherwise receive may be paid in cash. Notwithstanding subdivision
138.30 1, the commissioner of human services shall also require county agencies to provide
138.31 assistance only in the form of vendor payments to all eligible recipients who assert chemical
139.1 dependency as a basis for eligibility under section 256D.05, subdivision 1, paragraph (a),
139.2 clauses (1) and (5).

549.23 The determination of drug dependency shall be reviewed at least every 12 months. If
549.24 the county determines a recipient is no longer drug dependent, the county may cease vendor
549.25 payments and provide the recipient payments in cash.

549.26 Sec. 81. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended
549.27 to read:

549.28 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services
549.29 shall include individual outpatient treatment of alcohol or drug dependency by a qualified
549.30 health professional or outpatient program.

550.1 Persons who may need chemical dependency services under the provisions of this chapter
550.2 ~~shall be assessed by a local agency must be offered access by a local agency to a~~
550.3 ~~comprehensive assessment~~ as defined under section ~~254B.01~~ 245G.05, and under the
550.4 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
550.5 plan under contract with the Department of Human Services must ~~place~~ offer services to a
550.6 person in need of chemical dependency services ~~as provided in Minnesota Rules, parts~~
550.7 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
550.8 are recipients of medical benefits under the provisions of this chapter and who are financially
550.9 eligible for behavioral health fund services provided under the provisions of chapter 254B
550.10 shall receive chemical dependency treatment services under the provisions of chapter 254B
550.11 only if:

550.12 (1) they have exhausted the chemical dependency benefits offered under this chapter;
550.13 or

550.14 (2) an assessment indicates that they need a level of care not provided under the provisions
550.15 of this chapter.

550.16 Recipients of covered health services under the children's health plan, as provided in
550.17 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
550.18 article 4, section 17, and recipients of covered health services enrolled in the children's
550.19 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
550.20 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
550.21 benefits under this subdivision.

550.22 Sec. 82. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

550.23 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
550.24 for assessing the need and ~~placement for~~ provision of chemical dependency services
550.25 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
550.26 245G.05.

550.27 Sec. 83. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

550.28 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
550.29 or probation officer shall investigate the personal and family history and environment of
550.30 any minor coming within the jurisdiction of the court under section 260B.101 and shall

139.3 The determination of drug dependency shall be reviewed at least every 12 months. If
139.4 the county determines a recipient is no longer drug dependent, the county may cease vendor
139.5 payments and provide the recipient payments in cash.

139.6 Sec. 52. Minnesota Statutes 2021 Supplement, section 256L.03, subdivision 2, is amended
139.7 to read:

139.8 Subd. 2. **Alcohol and drug dependency.** Beginning July 1, 1993, covered health services
139.9 shall include individual outpatient treatment of alcohol or drug dependency by a qualified
139.10 health professional or outpatient program.

139.11 Persons who may need chemical dependency services under the provisions of this chapter
139.12 ~~shall be assessed by a local agency must be offered access by a local agency to a~~
139.13 ~~comprehensive assessment~~ as defined under section ~~254B.01~~ 245G.05, and under the
139.14 assessment provisions of section 254A.03, subdivision 3. A local agency or managed care
139.15 plan under contract with the Department of Human Services must ~~place~~ offer services to a
139.16 person in need of chemical dependency services ~~as provided in Minnesota Rules, parts~~
139.17 ~~9530.6600 to 9530.6655~~ based on the recommendations of section 245G.05. Persons who
139.18 are recipients of medical benefits under the provisions of this chapter and who are financially
139.19 eligible for behavioral health fund services provided under the provisions of chapter 254B
139.20 shall receive chemical dependency treatment services under the provisions of chapter 254B
139.21 only if:

139.22 (1) they have exhausted the chemical dependency benefits offered under this chapter;
139.23 or

139.24 (2) an assessment indicates that they need a level of care not provided under the provisions
139.25 of this chapter.

139.26 Recipients of covered health services under the children's health plan, as provided in
139.27 Minnesota Statutes 1990, section 256.936, and as amended by Laws 1991, chapter 292,
139.28 article 4, section 17, and recipients of covered health services enrolled in the children's
139.29 health plan or the MinnesotaCare program after October 1, 1992, pursuant to Laws 1992,
139.30 chapter 549, article 4, sections 5 and 17, are eligible to receive alcohol and drug dependency
139.31 benefits under this subdivision.

140.1 Sec. 53. Minnesota Statutes 2020, section 256L.12, subdivision 8, is amended to read:

140.2 Subd. 8. **Chemical dependency assessments.** The managed care plan shall be responsible
140.3 for assessing the need and ~~placement for~~ provision of chemical dependency services
140.4 according to criteria set forth in ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ section
140.5 245G.05.

140.6 Sec. 54. Minnesota Statutes 2020, section 260B.157, subdivision 1, is amended to read:

140.7 Subdivision 1. **Investigation.** Upon request of the court the local social services agency
140.8 or probation officer shall investigate the personal and family history and environment of
140.9 any minor coming within the jurisdiction of the court under section 260B.101 and shall

550.31 report its findings to the court. The court may order any minor coming within its jurisdiction
 550.32 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
 550.33 court.

551.1 The court shall order a chemical use assessment conducted when a child is (1) found to
 551.2 be delinquent for violating a provision of chapter 152, or for committing a felony-level
 551.3 violation of a provision of chapter 609 if the probation officer determines that alcohol or
 551.4 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
 551.5 delinquent for violating a provision of chapter 152, if the child is being held in custody
 551.6 under a detention order. The assessor's qualifications must comply with section 245G.11,
 551.7 subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules,~~
 551.8 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
 551.9 to pay for the recommended treatment, the assessment and placement must comply with all
 551.10 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
 551.11 ~~sections 245G.05 and 254B.04~~. The commissioner of human services shall reimburse the
 551.12 court for the cost of the chemical use assessment, up to a maximum of \$100.

551.13 The court shall order a children's mental health screening conducted when a child is
 551.14 found to be delinquent. The screening shall be conducted with a screening instrument
 551.15 approved by the commissioner of human services and shall be conducted by a mental health
 551.16 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
 551.17 trained in the use of the screening instrument. If the screening indicates a need for assessment,
 551.18 the local social services agency, in consultation with the child's family, shall have a diagnostic
 551.19 assessment conducted, including a functional assessment, as defined in section 245.4871.

551.20 With the consent of the commissioner of corrections and agreement of the county to pay
 551.21 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
 551.22 an institution maintained by the commissioner for the detention, diagnosis, custody and
 551.23 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
 551.24 be given due consideration in the disposition of the case. Any funds received under the
 551.25 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
 551.26 following the fiscal year in which the funds were received. The funds are available for use
 551.27 by the commissioner of corrections during that period and are hereby appropriated annually
 551.28 to the commissioner of corrections as reimbursement of the costs of providing these services
 551.29 to the juvenile courts.

551.30 Sec. 84. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

551.31 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
 551.32 establish a juvenile treatment screening team to conduct screenings and prepare case plans
 551.33 under this subdivision. The team, which may be the team constituted under section 245.4885
 551.34 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist
 552.1 of social workers, juvenile justice professionals, and persons with expertise in the treatment
 552.2 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
 552.3 disability. The team shall involve parents or guardians in the screening process as appropriate.
 552.4 The team may be the same team as defined in section 260C.157, subdivision 3.

140.10 report its findings to the court. The court may order any minor coming within its jurisdiction
 140.11 to be examined by a duly qualified physician, psychiatrist, or psychologist appointed by the
 140.12 court.

140.13 The court shall order a chemical use assessment conducted when a child is (1) found to
 140.14 be delinquent for violating a provision of chapter 152, or for committing a felony-level
 140.15 violation of a provision of chapter 609 if the probation officer determines that alcohol or
 140.16 drug use was a contributing factor in the commission of the offense, or (2) alleged to be
 140.17 delinquent for violating a provision of chapter 152, if the child is being held in custody
 140.18 under a detention order. The assessor's qualifications must comply with section 245G.11,
 140.19 subdivisions 1 and 5, and the assessment criteria ~~shall~~ must comply with ~~Minnesota Rules,~~
 140.20 ~~parts 9530.6600 to 9530.6655~~ section 245G.05. If funds under chapter 254B are to be used
 140.21 to pay for the recommended treatment, the assessment and placement must comply with all
 140.22 provisions of ~~Minnesota Rules, parts 9530.6600 to 9530.6655 and 9530.7000 to 9530.7030~~
 140.23 ~~sections 245G.05 and 254B.04~~. The commissioner of human services shall reimburse the
 140.24 court for the cost of the chemical use assessment, up to a maximum of \$100.

140.25 The court shall order a children's mental health screening conducted when a child is
 140.26 found to be delinquent. The screening shall be conducted with a screening instrument
 140.27 approved by the commissioner of human services and shall be conducted by a mental health
 140.28 practitioner as defined in section 245.4871, subdivision 26, or a probation officer who is
 140.29 trained in the use of the screening instrument. If the screening indicates a need for assessment,
 140.30 the local social services agency, in consultation with the child's family, shall have a diagnostic
 140.31 assessment conducted, including a functional assessment, as defined in section 245.4871.

140.32 With the consent of the commissioner of corrections and agreement of the county to pay
 140.33 the costs thereof, the court may, by order, place a minor coming within its jurisdiction in
 140.34 an institution maintained by the commissioner for the detention, diagnosis, custody and
 141.1 treatment of persons adjudicated to be delinquent, in order that the condition of the minor
 141.2 be given due consideration in the disposition of the case. Any funds received under the
 141.3 provisions of this subdivision shall not cancel until the end of the fiscal year immediately
 141.4 following the fiscal year in which the funds were received. The funds are available for use
 141.5 by the commissioner of corrections during that period and are hereby appropriated annually
 141.6 to the commissioner of corrections as reimbursement of the costs of providing these services
 141.7 to the juvenile courts.

141.8 Sec. 55. Minnesota Statutes 2020, section 260B.157, subdivision 3, is amended to read:

141.9 Subd. 3. **Juvenile treatment screening team.** (a) The local social services agency shall
 141.10 establish a juvenile treatment screening team to conduct screenings and prepare case plans
 141.11 under this subdivision. The team, which may be the team constituted under section 245.4885
 141.12 or 256B.092 or ~~Minnesota Rules, parts 9530.6600 to 9530.6655~~ chapter 254B, shall consist
 141.13 of social workers, juvenile justice professionals, and persons with expertise in the treatment
 141.14 of juveniles who are emotionally disabled, chemically dependent, or have a developmental
 141.15 disability. The team shall involve parents or guardians in the screening process as appropriate.
 141.16 The team may be the same team as defined in section 260C.157, subdivision 3.

552.5 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

552.6 (1) for the primary purpose of treatment for an emotional disturbance, and residential

552.7 placement is consistent with section 260.012, a developmental disability, or chemical

552.8 dependency in a residential treatment facility out of state or in one which is within the state

552.9 and licensed by the commissioner of human services under chapter 245A; or

552.10 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a

552.11 post-dispositional placement in a facility licensed by the commissioner of corrections or

552.12 human services, the court shall notify the county welfare agency. The county's juvenile

552.13 treatment screening team must either:

552.14 (i) screen and evaluate the child and file its recommendations with the court within 14

552.15 days of receipt of the notice; or

552.16 (ii) elect not to screen a given case, and notify the court of that decision within three

552.17 working days.

552.18 (c) If the screening team has elected to screen and evaluate the child, the child may not

552.19 be placed for the primary purpose of treatment for an emotional disturbance, a developmental

552.20 disability, or chemical dependency, in a residential treatment facility out of state nor in a

552.21 residential treatment facility within the state that is licensed under chapter 245A, unless one

552.22 of the following conditions applies:

552.23 (1) a treatment professional certifies that an emergency requires the placement of the

552.24 child in a facility within the state;

552.25 (2) the screening team has evaluated the child and recommended that a residential

552.26 placement is necessary to meet the child's treatment needs and the safety needs of the

552.27 community, that it is a cost-effective means of meeting the treatment needs, and that it will

552.28 be of therapeutic value to the child; or

552.29 (3) the court, having reviewed a screening team recommendation against placement,

552.30 determines to the contrary that a residential placement is necessary. The court shall state

552.31 the reasons for its determination in writing, on the record, and shall respond specifically to

552.32 the findings and recommendation of the screening team in explaining why the

553.1 recommendation was rejected. The attorney representing the child and the prosecuting

553.2 attorney shall be afforded an opportunity to be heard on the matter.

553.3 Sec. 85. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended

553.4 to read:

553.5 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency

553.6 shall establish a juvenile treatment screening team to conduct screenings under this chapter

553.7 and chapter 260D, for a child to receive treatment for an emotional disturbance, a

553.8 developmental disability, or related condition in a residential treatment facility licensed by

553.9 the commissioner of human services under chapter 245A, or licensed or approved by a

553.10 Tribe. A screening team is not required for a child to be in: (1) a residential facility

141.17 (b) If the court, prior to, or as part of, a final disposition, proposes to place a child:

141.18 (1) for the primary purpose of treatment for an emotional disturbance, and residential

141.19 placement is consistent with section 260.012, a developmental disability, or chemical

141.20 dependency in a residential treatment facility out of state or in one which is within the state

141.21 and licensed by the commissioner of human services under chapter 245A; or

141.22 (2) in any out-of-home setting potentially exceeding 30 days in duration, including a

141.23 post-dispositional placement in a facility licensed by the commissioner of corrections or

141.24 human services, the court shall notify the county welfare agency. The county's juvenile

141.25 treatment screening team must either:

141.26 (i) screen and evaluate the child and file its recommendations with the court within 14

141.27 days of receipt of the notice; or

141.28 (ii) elect not to screen a given case, and notify the court of that decision within three

141.29 working days.

141.30 (c) If the screening team has elected to screen and evaluate the child, the child may not

141.31 be placed for the primary purpose of treatment for an emotional disturbance, a developmental

141.32 disability, or chemical dependency, in a residential treatment facility out of state nor in a

142.1 residential treatment facility within the state that is licensed under chapter 245A, unless one

142.2 of the following conditions applies:

142.3 (1) a treatment professional certifies that an emergency requires the placement of the

142.4 child in a facility within the state;

142.5 (2) the screening team has evaluated the child and recommended that a residential

142.6 placement is necessary to meet the child's treatment needs and the safety needs of the

142.7 community, that it is a cost-effective means of meeting the treatment needs, and that it will

142.8 be of therapeutic value to the child; or

142.9 (3) the court, having reviewed a screening team recommendation against placement,

142.10 determines to the contrary that a residential placement is necessary. The court shall state

142.11 the reasons for its determination in writing, on the record, and shall respond specifically to

142.12 the findings and recommendation of the screening team in explaining why the

142.13 recommendation was rejected. The attorney representing the child and the prosecuting

142.14 attorney shall be afforded an opportunity to be heard on the matter.

142.15 Sec. 56. Minnesota Statutes 2021 Supplement, section 260C.157, subdivision 3, is amended

142.16 to read:

142.17 Subd. 3. **Juvenile treatment screening team.** (a) The responsible social services agency

142.18 shall establish a juvenile treatment screening team to conduct screenings under this chapter

142.19 and chapter 260D, for a child to receive treatment for an emotional disturbance, a

142.20 developmental disability, or related condition in a residential treatment facility licensed by

142.21 the commissioner of human services under chapter 245A, or licensed or approved by a

142.22 Tribe. A screening team is not required for a child to be in: (1) a residential facility

553.11 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
 553.12 high-quality residential care and supportive services to children and youth who have been
 553.13 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
 553.14 supervised settings for youth who are 18 years of age or older and living independently; or
 553.15 (4) a licensed residential family-based treatment facility for substance abuse consistent with
 553.16 section 260C.190. Screenings are also not required when a child must be placed in a facility
 553.17 due to an emotional crisis or other mental health emergency.

553.18 (b) The responsible social services agency shall conduct screenings within 15 days of a
 553.19 request for a screening, unless the screening is for the purpose of residential treatment and
 553.20 the child is enrolled in a prepaid health program under section 256B.69, in which case the
 553.21 agency shall conduct the screening within ten working days of a request. The responsible
 553.22 social services agency shall convene the juvenile treatment screening team, which may be
 553.23 constituted under section 245.4885 or, 254B.05, or 256B.092 or ~~Minnesota Rules, parts~~
 553.24 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
 553.25 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
 553.26 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
 553.27 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
 553.28 and 27, the child's foster care provider, and professionals who are a resource to the child's
 553.29 family such as teachers, medical or mental health providers, and clergy, as appropriate,
 553.30 consistent with the family and permanency team as defined in section 260C.007, subdivision
 553.31 16a. Prior to forming the team, the responsible social services agency must consult with the
 553.32 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
 553.33 to obtain recommendations regarding which individuals to include on the team and to ensure
 553.34 that the team is family-centered and will act in the child's best interests. If the child, child's
 554.1 parents, or legal guardians raise concerns about specific relatives or professionals, the team
 554.2 should not include those individuals. This provision does not apply to paragraph (c).

554.3 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
 554.4 is an Indian child, the responsible social services agency must make a rigorous and concerted
 554.5 effort to include a designated representative of the Indian child's Tribe on the juvenile
 554.6 treatment screening team, unless the child's Tribal authority declines to appoint a
 554.7 representative. The Indian child's Tribe may delegate its authority to represent the child to
 554.8 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
 554.9 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
 554.10 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
 554.11 260.835, apply to this section.

554.12 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
 554.13 to place a child with an emotional disturbance or developmental disability or related condition
 554.14 in residential treatment, the responsible social services agency must conduct a screening.
 554.15 If the team recommends treating the child in a qualified residential treatment program, the
 554.16 agency must follow the requirements of sections 260C.70 to 260C.714.

142.23 specializing in prenatal, postpartum, or parenting support; (2) a facility specializing in
 142.24 high-quality residential care and supportive services to children and youth who have been
 142.25 or are at risk of becoming victims of sex trafficking or commercial sexual exploitation; (3)
 142.26 supervised settings for youth who are 18 years of age or older and living independently; or
 142.27 (4) a licensed residential family-based treatment facility for substance abuse consistent with
 142.28 section 260C.190. Screenings are also not required when a child must be placed in a facility
 142.29 due to an emotional crisis or other mental health emergency.

142.30 (b) The responsible social services agency shall conduct screenings within 15 days of a
 142.31 request for a screening, unless the screening is for the purpose of residential treatment and
 142.32 the child is enrolled in a prepaid health program under section 256B.69, in which case the
 142.33 agency shall conduct the screening within ten working days of a request. The responsible
 142.34 social services agency shall convene the juvenile treatment screening team, which may be
 143.1 constituted under section 245.4885 or, 254B.05, or 256B.092 or ~~Minnesota Rules, parts~~
 143.2 ~~9530.6600 to 9530.6655~~. The team shall consist of social workers; persons with expertise
 143.3 in the treatment of juveniles who are emotionally disturbed, chemically dependent, or have
 143.4 a developmental disability; and the child's parent, guardian, or permanent legal custodian.
 143.5 The team may include the child's relatives as defined in section 260C.007, subdivisions 26b
 143.6 and 27, the child's foster care provider, and professionals who are a resource to the child's
 143.7 family such as teachers, medical or mental health providers, and clergy, as appropriate,
 143.8 consistent with the family and permanency team as defined in section 260C.007, subdivision
 143.9 16a. Prior to forming the team, the responsible social services agency must consult with the
 143.10 child's parents, the child if the child is age 14 or older, and, if applicable, the child's Tribe
 143.11 to obtain recommendations regarding which individuals to include on the team and to ensure
 143.12 that the team is family-centered and will act in the child's best interests. If the child, child's
 143.13 parents, or legal guardians raise concerns about specific relatives or professionals, the team
 143.14 should not include those individuals. This provision does not apply to paragraph (c).

143.15 (c) If the agency provides notice to Tribes under section 260.761, and the child screened
 143.16 is an Indian child, the responsible social services agency must make a rigorous and concerted
 143.17 effort to include a designated representative of the Indian child's Tribe on the juvenile
 143.18 treatment screening team, unless the child's Tribal authority declines to appoint a
 143.19 representative. The Indian child's Tribe may delegate its authority to represent the child to
 143.20 any other federally recognized Indian Tribe, as defined in section 260.755, subdivision 12.
 143.21 The provisions of the Indian Child Welfare Act of 1978, United States Code, title 25, sections
 143.22 1901 to 1963, and the Minnesota Indian Family Preservation Act, sections 260.751 to
 143.23 260.835, apply to this section.

143.24 (d) If the court, prior to, or as part of, a final disposition or other court order, proposes
 143.25 to place a child with an emotional disturbance or developmental disability or related condition
 143.26 in residential treatment, the responsible social services agency must conduct a screening.
 143.27 If the team recommends treating the child in a qualified residential treatment program, the
 143.28 agency must follow the requirements of sections 260C.70 to 260C.714.

554.17 The court shall ascertain whether the child is an Indian child and shall notify the
554.18 responsible social services agency and, if the child is an Indian child, shall notify the Indian
554.19 child's Tribe as paragraph (c) requires.

554.20 (e) When the responsible social services agency is responsible for placing and caring
554.21 for the child and the screening team recommends placing a child in a qualified residential
554.22 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
554.23 begin the assessment and processes required in section 260C.704 without delay; and (2)
554.24 conduct a relative search according to section 260C.221 to assemble the child's family and
554.25 permanency team under section 260C.706. Prior to notifying relatives regarding the family
554.26 and permanency team, the responsible social services agency must consult with the child's
554.27 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
554.28 Tribe to ensure that the agency is providing notice to individuals who will act in the child's
554.29 best interests. The child and the child's parents may identify a culturally competent qualified
554.30 individual to complete the child's assessment. The agency shall make efforts to refer the
554.31 assessment to the identified qualified individual. The assessment may not be delayed for
554.32 the purpose of having the assessment completed by a specific qualified individual.

554.33 (f) When a screening team determines that a child does not need treatment in a qualified
554.34 residential treatment program, the screening team must:

555.1 (1) document the services and supports that will prevent the child's foster care placement
555.2 and will support the child remaining at home;

555.3 (2) document the services and supports that the agency will arrange to place the child
555.4 in a family foster home; or

555.5 (3) document the services and supports that the agency has provided in any other setting.

555.6 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health
555.7 Services provider proposes to place a child for the primary purpose of treatment for an
555.8 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
555.9 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe
555.10 shall submit necessary documentation to the county juvenile treatment screening team,
555.11 which must invite the Indian child's Tribe to designate a representative to the screening
555.12 team.

555.13 (h) The responsible social services agency must conduct and document the screening in
555.14 a format approved by the commissioner of human services.

555.15 Sec. 86. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

555.16 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
555.17 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
555.18 and supporting and preserving family life whenever possible.

555.19 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
555.20 endangerment under section 609.378, the local law enforcement agency and local welfare

143.29 The court shall ascertain whether the child is an Indian child and shall notify the
143.30 responsible social services agency and, if the child is an Indian child, shall notify the Indian
143.31 child's Tribe as paragraph (c) requires.

143.32 (e) When the responsible social services agency is responsible for placing and caring
143.33 for the child and the screening team recommends placing a child in a qualified residential
143.34 treatment program as defined in section 260C.007, subdivision 26d, the agency must: (1)
143.35 begin the assessment and processes required in section 260C.704 without delay; and (2)
144.1 conduct a relative search according to section 260C.221 to assemble the child's family and
144.2 permanency team under section 260C.706. Prior to notifying relatives regarding the family
144.3 and permanency team, the responsible social services agency must consult with the child's
144.4 parent or legal guardian, the child if the child is age 14 or older, and, if applicable, the child's
144.5 Tribe to ensure that the agency is providing notice to individuals who will act in the child's
144.6 best interests. The child and the child's parents may identify a culturally competent qualified
144.7 individual to complete the child's assessment. The agency shall make efforts to refer the
144.8 assessment to the identified qualified individual. The assessment may not be delayed for
144.9 the purpose of having the assessment completed by a specific qualified individual.

144.10 (f) When a screening team determines that a child does not need treatment in a qualified
144.11 residential treatment program, the screening team must:

144.12 (1) document the services and supports that will prevent the child's foster care placement
144.13 and will support the child remaining at home;

144.14 (2) document the services and supports that the agency will arrange to place the child
144.15 in a family foster home; or

144.16 (3) document the services and supports that the agency has provided in any other setting.

144.17 (g) When the Indian child's Tribe or Tribal health care services provider or Indian Health
144.18 Services provider proposes to place a child for the primary purpose of treatment for an
144.19 emotional disturbance, a developmental disability, or co-occurring emotional disturbance
144.20 and chemical dependency, the Indian child's Tribe or the Tribe delegated by the child's Tribe
144.21 shall submit necessary documentation to the county juvenile treatment screening team,
144.22 which must invite the Indian child's Tribe to designate a representative to the screening
144.23 team.

144.24 (h) The responsible social services agency must conduct and document the screening in
144.25 a format approved by the commissioner of human services.

144.26 Sec. 57. Minnesota Statutes 2020, section 260E.20, subdivision 1, is amended to read:

144.27 Subdivision 1. **General duties.** (a) The local welfare agency shall offer services to
144.28 prevent future maltreatment, safeguarding and enhancing the welfare of the maltreated child,
144.29 and supporting and preserving family life whenever possible.

144.30 (b) If the report alleges a violation of a criminal statute involving maltreatment or child
144.31 endangerment under section 609.378, the local law enforcement agency and local welfare

555.21 agency shall coordinate the planning and execution of their respective investigation and
555.22 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
555.23 Each agency shall prepare a separate report of the results of the agency's investigation or
555.24 assessment.

555.25 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
555.26 on the fact-finding efforts of a law enforcement investigation to make a determination of
555.27 whether or not maltreatment occurred.

555.28 (d) When necessary, the local welfare agency shall seek authority to remove the child
555.29 from the custody of a parent, guardian, or adult with whom the child is living.

555.30 (e) In performing any of these duties, the local welfare agency shall maintain an
555.31 appropriate record.

556.1 (f) In conducting a family assessment or investigation, the local welfare agency shall
556.2 gather information on the existence of substance abuse and domestic violence.

556.3 (g) If the family assessment or investigation indicates there is a potential for abuse of
556.4 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
556.5 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive
556.6 assessment pursuant to ~~Minnesota Rules, part 9530.6615~~ section 245G.05.

556.7 (h) The agency may use either a family assessment or investigation to determine whether
556.8 the child is safe when responding to a report resulting from birth match data under section
556.9 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
556.10 to be safe, the agency shall consult with the county attorney to determine the appropriateness
556.11 of filing a petition alleging the child is in need of protection or services under section
556.12 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
556.13 determined not to be safe, the agency and the county attorney shall take appropriate action
556.14 as required under section 260C.503, subdivision 2.

144.32 agency shall coordinate the planning and execution of their respective investigation and
144.33 assessment efforts to avoid a duplication of fact-finding efforts and multiple interviews.
145.1 Each agency shall prepare a separate report of the results of the agency's investigation or
145.2 assessment.

145.3 (c) In cases of alleged child maltreatment resulting in death, the local agency may rely
145.4 on the fact-finding efforts of a law enforcement investigation to make a determination of
145.5 whether or not maltreatment occurred.

145.6 (d) When necessary, the local welfare agency shall seek authority to remove the child
145.7 from the custody of a parent, guardian, or adult with whom the child is living.

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145.9 appropriate record.

145.10 (f) In conducting a family assessment or investigation, the local welfare agency shall
145.11 gather information on the existence of substance abuse and domestic violence.

145.12 (g) If the family assessment or investigation indicates there is a potential for abuse of
145.13 alcohol or other drugs by the parent, guardian, or person responsible for the child's care,
145.14 the local welfare agency ~~shall conduct a chemical use~~ must coordinate a comprehensive
145.15 assessment pursuant to ~~Minnesota Rules, part 9530.6615~~ section 245G.05.

145.16 (h) The agency may use either a family assessment or investigation to determine whether
145.17 the child is safe when responding to a report resulting from birth match data under section
145.18 260E.03, subdivision 23, paragraph (c). If the child subject of birth match data is determined
145.19 to be safe, the agency shall consult with the county attorney to determine the appropriateness
145.20 of filing a petition alleging the child is in need of protection or services under section
145.21 260C.007, subdivision 6, clause (16), in order to deliver needed services. If the child is
145.22 determined not to be safe, the agency and the county attorney shall take appropriate action
145.23 as required under section 260C.503, subdivision 2.

145.24 Sec. 58. Minnesota Statutes 2021 Supplement, section 297E.02, subdivision 3, is amended
145.25 to read:

145.26 Subd. 3. **Collection; disposition.** (a) Taxes imposed by this section are due and payable
145.27 to the commissioner when the gambling tax return is required to be filed. Distributors must
145.28 file their monthly sales figures with the commissioner on a form prescribed by the
145.29 commissioner. Returns covering the taxes imposed under this section must be filed with
145.30 the commissioner on or before the 20th day of the month following the close of the previous
145.31 calendar month. The commissioner shall prescribe the content, format, and manner of returns
145.32 or other documents pursuant to section 270C.30. The proceeds, along with the revenue
145.33 received from all license fees and other fees under sections 349.11 to 349.191, 349.211,
146.1 and 349.213, must be paid to the commissioner of management and budget for deposit in
146.2 the general fund.

- 146.3 (b) The sales tax imposed by chapter 297A on the sale of pull-tabs and tipboards by the
146.4 distributor is imposed on the retail sales price. The retail sale of pull-tabs or tipboards by
146.5 the organization is exempt from taxes imposed by chapter 297A and is exempt from all
146.6 local taxes and license fees except a fee authorized under section 349.16, subdivision 8.
- 146.7 (c) One-half of one percent of the revenue deposited in the general fund under paragraph
146.8 (a), is appropriated to the commissioner of human services for the compulsive gambling
146.9 treatment program established under section 245.98. Money appropriated under this paragraph
146.10 must not replace existing state funding for these programs.
- 146.11 (d) One-half of one percent of the revenue deposited in the general fund under paragraph
146.12 (a), is appropriated to the commissioner of human services for a grant. By June 30 of each
146.13 fiscal year, the commissioner of human services must transfer the amount deposited in the
146.14 general fund under this paragraph to the special revenue fund. By October 15 of each fiscal
146.15 year, the commissioner of human services must award a grant in an amount equal to the
146.16 entire amount transferred to the special revenue fund under this paragraph for the prior fiscal
146.17 year to the state affiliate recognized by the National Council on Problem Gambling to
146.18 increase public awareness of problem gambling, education and training for individuals and
146.19 organizations providing effective treatment services to problem gamblers and their families,
146.20 and research relating to problem gambling. Money appropriated by this paragraph must
146.21 supplement and must not replace existing state funding for these programs.
- 146.22 ~~(c)~~ (e) The commissioner of human services must provide to the state affiliate recognized
146.23 by the National Council on Problem Gambling a monthly statement of the amounts deposited
146.24 under ~~paragraph~~ paragraphs (c) and (d). Beginning January 1, 2022, the commissioner of
146.25 human services must provide to the chairs and ranking minority members of the legislative
146.26 committees with jurisdiction over treatment for problem gambling and to the state affiliate
146.27 recognized by the National Council on Problem Gambling an annual reconciliation of the
146.28 amounts deposited under paragraph (c). The annual reconciliation under this paragraph must
146.29 include the amount allocated to the commissioner of human services for the compulsive
146.30 gambling treatment program established under section 245.98, and the amount allocated to
146.31 the state affiliate recognized by the National Council on Problem Gambling.
- 147.1 Sec. 59. Minnesota Statutes 2020, section 297E.021, subdivision 3, is amended to read:
- 147.2 Subd. 3. **Available revenues.** For purposes of this section, "available revenues" equals
147.3 the amount determined under subdivision 2, plus up to \$20,000,000 each fiscal year from
147.4 the taxes imposed under section 290.06, subdivision 1:
- 147.5 (1) reduced by the following amounts paid for the fiscal year under:
- 147.6 (i) the appropriation to principal and interest on appropriation bonds under section
147.7 16A.965, subdivision 8;
- 147.8 (ii) the appropriation from the general fund to make operating expense payments under
147.9 section 473J.13, subdivision 2, paragraph (b);

556.15 Sec. 87. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

556.16 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties

556.17 formed by an agreement under section 471.59, or a city with a population of no more than

556.18 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical

556.19 abuse prevention team may include, but not be limited to, representatives of health, mental

556.20 health, public health, law enforcement, educational, social service, court service, community

556.21 education, religious, and other appropriate agencies, and parent and youth groups. For

556.22 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~

556.23 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must

556.24 coordinate its activities with existing local groups, organizations, and teams dealing with

556.25 the same issues the team is addressing.

HOUSE ARTICLE 13, SECTION 38 AMENDS THE SAME STATUTE
SIMILARLY TO SENATE ARTICLE 4, SECTION 61.

147.10 (iii) the appropriation for contributions to the capital reserve fund under section 473J.13,

147.11 subdivision 4, paragraph (c);

147.12 (iv) the appropriations under Laws 2012, chapter 299, article 4, for administration and

147.13 any successor appropriation;

147.14 (v) the reduction in revenues resulting from the sales tax exemptions under section

147.15 297A.71, subdivision 43;

147.16 (vi) reimbursements authorized by section 473J.15, subdivision 2, paragraph (d);

147.17 (vii) the compulsive gambling appropriations under section 297E.02, subdivision 3,

147.18 ~~paragraph~~ paragraphs (c) and (d), and any successor appropriation; and

147.19 (viii) the appropriation for the city of St. Paul under section 16A.726, paragraph (c); and

147.20 (2) increased by the revenue deposited in the general fund under section 297A.994,

147.21 subdivision 4, clauses (1) to (3), for the fiscal year.

147.22 Sec. 60. Minnesota Statutes 2020, section 299A.299, subdivision 1, is amended to read:

147.23 Subdivision 1. **Establishment of team.** A county, a multicounty organization of counties

147.24 formed by an agreement under section 471.59, or a city with a population of no more than

147.25 50,000, may establish a multidisciplinary chemical abuse prevention team. The chemical

147.26 abuse prevention team may include, but not be limited to, representatives of health, mental

147.27 health, public health, law enforcement, educational, social service, court service, community

147.28 education, religious, and other appropriate agencies, and parent and youth groups. For

147.29 purposes of this section, "chemical abuse" has the meaning given in ~~Minnesota Rules, part~~

147.30 ~~9530.6605, subpart 6~~ section 254A.02, subdivision 6a. When possible the team must

148.1 coordinate its activities with existing local groups, organizations, and teams dealing with

148.2 the same issues the team is addressing.

148.3 Sec. 61. Minnesota Statutes 2020, section 626.5571, subdivision 1, is amended to read:

148.4 Subdivision 1. **Establishment of team.** A county may establish a multidisciplinary adult

148.5 protection team comprised of the director of the local welfare agency or designees, the

148.6 county attorney or designees, the county sheriff or designees, and representatives of health

148.7 care. In addition, representatives of mental health or other appropriate human service

148.8 agencies, community corrections agencies, representatives from local tribal governments,

148.9 local law enforcement agencies or designees thereof, and adult advocate groups may be

148.10 added to the adult protection team.

148.11 Sec. 62. **[626.8477] MENTAL HEALTH AND HEALTH RECORDS; WRITTEN**

148.12 **POLICY REQUIRED.**

148.13 The chief officer of every state and local law enforcement agency that seeks or uses

148.14 mental health data under section 13.46, subdivision 7, paragraph (c), or health records under

148.15 section 144.294, subdivision 2, must establish and enforce a written policy governing its

556.26 Sec. 88. Laws 2021, First Special Session chapter 7, article 17, section 1, subdivision 2,
556.27 is amended to read:

556.28 Subd. 2. **Eligibility.** An individual is eligible for the transition to community initiative
556.29 if the individual does not meet eligibility criteria for the medical assistance program under
556.30 section 256B.056 or 256B.057, but who meets at least one of the following criteria:

556.31 (1) the person otherwise meets the criteria under section 256B.092, subdivision 13, or
556.32 256B.49, subdivision 24;

557.1 (2) the person has met treatment objectives and no longer requires a hospital-level care
557.2 or a secure treatment setting, but the person's discharge from the Anoka Metro Regional
557.3 Treatment Center, the Minnesota Security Hospital, or a community behavioral health
557.4 hospital would be substantially delayed without additional resources available through the
557.5 transitions to community initiative;

557.6 (3) the person is in a community hospital ~~and on the waiting list for the Anoka Metro~~
557.7 ~~Regional Treatment Center~~, but alternative community living options would be appropriate
557.8 for the person; ~~and the person has received approval from the commissioner~~; or

557.9 (4)(i) the person is receiving customized living services reimbursed under section
557.10 256B.4914, 24-hour customized living services reimbursed under section 256B.4914, or
557.11 community residential services reimbursed under section 256B.4914; (ii) the person expresses
557.12 a desire to move; and (iii) the person has received approval from the commissioner.

557.13 Sec. 89. Laws 2021, First Special Session chapter 7, article 17, section 11, is amended to
557.14 read:

557.15 Sec. 11. **EXPAND MOBILE CRISIS.**

557.16 ~~(a)~~ This act includes \$8,000,000 in fiscal year 2022 and \$8,000,000 in fiscal year 2023
557.17 for additional funding for grants for adult mobile crisis services under Minnesota Statutes,
557.18 section 245.4661, subdivision 9, paragraph (b), clause (15) and children's mobile crisis
557.19 services under Minnesota Statutes, section 256B.0944. The general fund base in this act for
557.20 this purpose is ~~\$4,000,000~~ \$8,000,000 in fiscal year 2024 and ~~\$0~~ \$8,000,000 in fiscal year
557.21 2025.

148.16 use. At a minimum, the written policy must incorporate the requirements of sections 13.46,
148.17 subdivision 7, paragraph (c), and 144.294, subdivision 2, and access procedures, retention
148.18 policies, and data security safeguards that, at a minimum, meet the requirements of chapter
148.19 13 and any other applicable law.

148.20 Sec. 63. **OLMSTED COUNTY RECOVERY COMMUNITY ORGANIZATION.**

148.21 The commissioner of human services shall establish a grant to a recovery community
148.22 organization in Olmsted County, located in the city of Rochester, Minnesota, that provides
148.23 services in an 11-county region, to provide services to individuals in substance use recovery.

557.22 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
557.23 funded under this section.

557.24 (c) All grant activities must be completed by March 31, 2024.

557.25 (d) This section expires June 30, 2024.

558.1 Sec. 90. Laws 2021, First Special Session chapter 7, article 17, section 12, is amended to
558.2 read:
558.3 Sec. 12. ~~PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY AND CHILD~~
558.4 ~~AND ADOLESCENT ADULT AND CHILDREN'S MOBILE TRANSITION UNIT~~
558.5 ~~UNITS.~~

558.6 (a) This act includes \$2,500,000 in fiscal year 2022 and \$2,500,000 in fiscal year 2023
558.7 for the commissioner of human services to create adult and children's mental health transition
558.8 and support teams to facilitate transition back to the community of children or to the least
558.9 restrictive level of care from inpatient psychiatric settings, emergency departments, residential
558.10 treatment facilities, and child and adolescent behavioral health hospitals. The general fund
558.11 base included in this act for this purpose is \$1,875,000 in fiscal year 2024 and \$0 in fiscal
558.12 year 2025.

558.13 (b) Beginning April 1, 2024, counties may fund and continue conducting activities
558.14 funded under this section.

558.15 (c) This section expires March 31, 2024.

558.16 Sec. 91. RATE INCREASE FOR MENTAL HEALTH ADULT DAY TREATMENT.

558.17 The commissioner of human services must increase the reimbursement rate for adult
558.18 day treatment by 50 percent over the reimbursement rate in effect as of June 30, 2022.

558.19 EFFECTIVE DATE. This section is effective January 1, 2023, or 60 days following
558.20 federal approval, whichever is later. The commissioner of human services shall notify the
558.21 revisor of statutes when federal approval is obtained.

558.22 Sec. 92. DIRECTION TO COMMISSIONER.

558.23 The commissioner must update the behavioral health fund room and board rate schedule
558.24 to include programs providing children's mental health crisis admissions and stabilization
558.25 under Minnesota Statutes, section 245.4882, subdivision 6. The commissioner must establish
558.26 room and board rates commensurate with current room and board rates for adolescent
558.27 programs licensed under Minnesota Statutes, section 245G.18.

148.24 Sec. 64. RATE INCREASE FOR ADULT DAY TREATMENT SERVICES.

148.25 Effective January 1, 2023, or 60 days following federal approval, whichever is later, the
148.26 commissioner of human services shall increase the reimbursement rate under Minnesota
148.27 Rules, part 9505.0372, subpart 8, for adult day treatment services covered under Minnesota
148.28 Statutes, section 256B.0671, subdivision 3, by 50 percent from the rates in effect on
148.29 December 31, 2022.

559.1 Sec. 93. **DIRECTION TO COMMISSIONER; BEHAVIORAL HEALTH FUND**
559.2 **ALLOCATION.**

559.3 The commissioner of human services, in consultation with counties and Tribal Nations,
559.4 must make recommendations on an updated allocation to local agencies from funds allocated
559.5 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
559.6 the recommendations to the chairs and ranking minority members of the legislative
559.7 committees with jurisdiction over health and human services finance and policy by January
559.8 1, 2024.

559.9 Sec. 94. **DIRECTION TO COMMISSIONER; MEDICATION-ASSISTED THERAPY**
559.10 **SERVICES PAYMENT METHODOLOGY.**

559.11 The commissioner of human services shall revise the payment methodology for
559.12 medication-assisted therapy services under Minnesota Statutes, section 254B.05, subdivision
559.13 5, paragraph (b), clause (6). The revised payment methodology must only allow payment
559.14 if the provider renders the service or services billed on the specified date of service or, in
559.15 the case of drugs and drug-related services, within a week of the specified date of service,
559.16 as defined by the commissioner. The revised payment methodology must include a weekly
559.17 bundled rate, based on the Medicare rate, that includes the costs of drugs; drug administration
559.18 and observation; drug packaging and preparation; and nursing time. The commissioner shall
559.19 seek all necessary waivers, state plan amendments, and federal authorizations required to
559.20 implement the revised payment methodology.

559.21 Sec. 95. **REVISOR INSTRUCTION.**

559.22 (a) The revisor of statutes shall change the terms "medication-assisted treatment" and
559.23 "medication-assisted therapy" or similar terms to "substance use disorder treatment with
559.24 medications for opioid use disorder" whenever the terms appear in Minnesota Statutes and
559.25 Minnesota Rules. The revisor may make technical and other necessary grammatical changes
559.26 related to the term change.

149.1 Sec. 65. **ROCHESTER NONPROFIT RECOVERY COMMUNITY**
149.2 **ORGANIZATION.**

149.3 The commissioner shall establish a grant to a nonprofit recovery community organization
149.4 located in the city of Rochester, Minnesota, that provides pretreatment housing,
149.5 post-treatment recovery housing, treatment coordination, and peer recovery support to
149.6 individuals pursuing a life of recovery from substance use disorders, and that also offers a
149.7 recovery coaching academy to individuals interested in becoming peer recovery specialists.

149.8 Sec. 66. **WELLNESS IN THE WOODS.**

149.9 The commissioner shall establish a grant to Wellness in the Woods to provide daily peer
149.10 support and special sessions for individuals who are in substance use recovery, are
149.11 transitioning out of incarceration, or have experienced trauma.

149.12 Sec. 67. **DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES;**
149.13 **BEHAVIORAL HEALTH FUND ALLOCATION.**

149.14 The commissioner of human services, in consultation with counties and Tribal Nations,
149.15 must make recommendations on an updated allocation to local agencies from funds allocated
149.16 under Minnesota Statutes, section 254B.02, subdivision 5. The commissioner must submit
149.17 the recommendations to the chairs and ranking minority members of the legislative
149.18 committees with jurisdiction over health and human services finance and policy by January
149.19 1, 2024.

559.27 (b) The revisor of statutes shall change the term "intensive treatment in foster care" or
559.28 similar terms to "children's intensive behavioral health services" wherever they appear in
559.29 Minnesota Statutes and Minnesota Rules when referring to those providers and services
559.30 regulated under Minnesota Statutes, section 256B.0946. The revisor shall make technical
559.31 and grammatical changes related to the changes in terms.

560.1 Sec. 96. **REPEALER.**

560.2 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
560.3 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,
560.4 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

560.5 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

560.6 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
560.7 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
560.8 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
560.9 9530.7030, subpart 1, are repealed.

149.20 Sec. 68. **REPEALER.**

149.21 (a) Minnesota Statutes 2020, sections 169A.70, subdivision 6; 245G.22, subdivision 19;
149.22 254A.02, subdivision 8a; 254A.16, subdivision 6; 254A.19, subdivisions 1a and 2; 254B.04,
149.23 subdivisions 2b and 2c; and 254B.041, subdivision 2, are repealed.

149.24 (b) Minnesota Statutes 2021 Supplement, section 254A.19, subdivision 5, is repealed.

149.25 (c) Minnesota Rules, parts 9530.7000, subparts 1, 2, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 17a,
149.26 19, 20, and 21; 9530.7005; 9530.7010; 9530.7012; 9530.7015, subparts 1, 2a, 4, 5, and 6;
149.27 9530.7020, subparts 1, 1a, and 2; 9530.7021; 9530.7022, subpart 1; 9530.7025; and
149.28 9530.7030, subpart 1, are repealed.